

RIDGWAY FIRE DEPARTMENT, INC.
MEMBERSHIP APPLICATION

(Please Print Neatly)

Name _____ Date of Birth ___/___/___ S.S. # _____/_____/_____

Address _____ Age _____ Sex ___M___F

Married ___ Single ___ Place of Employment _____

Where you ever a Firefighter? _____ If so where? _____ How Long _____

Do you currently belong to a Fire Department? _____ Where ? _____

When you become a firefighter, will you attend regular company meetings, attend all fires possible, and take active part in all Department activities? Yes ___ No ___

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES ___ NO ___
PLEASE NOTE! A POLICE BACKGROUND CHECK WILL BE CONDUCTED.

Do you have or have you ever been treated for: Abnormal blood pressure? Yes ___ No ___

Any heart conditions and/or heart attack? Yes ___ No ___ No Epilepsy or Mental nervous ailment? Yes ___ No ___

Any other disability or handicap? ___ Yes ___ No If yes, explain _____

Any Drug or Alcohol dependency? ___ Yes ___ No

****Training required to retain active Membership in the Ridgway Fire Department is (10) hours on Members Company Apparatus within a (6) month period and you must receive a certificate in Fundamentals in Firefighting within (2) years.**
IS THE ABOVE STATEMENT ON TRAINING THOROUGHLY UNDERSTOOD? ___ YES ___ NO

I hereby certify that the answers to above questions are true and any falsification of same will result in automatic dismissal and void all liability of the Ridgway Fire Department and the Ridgway Firemen's Relief Association.

Signature _____ Date ___/___/___ Phone _____ Cell _____

18 TO 21 YEAR OLD OATH

I, the undersigned, do hereby agree to obey the liquor laws of Pennsylvania by not consuming any Alcoholic Beverages during any Ridgway or other Fire Department function. Doing so will expel me from the Fire Department.

SIGNED _____

Name of _____ Presented by _____

Date application rec'd ___/___/___ Name of Dept. Secretary _____

Membership desired in what company? 41 ___ 411 ___ 43 ___ 42 ___ 44 ___

APPLICATION MUST PASS PHYSICAL EXAM, BE APPROVED BY COMPANY, AND BE RESPONSIBLE FOR MAINTAINING UP TO DATE BENEFICIARY CARD INFORMATION.

INVESTIGATING COMMITTEE NOTES: _____

Copy to Company and Relief Association Secretary

ACCEPTED _____ REJECTED _____