



**BAKERSVILLE VOLUNTEER FIRE COMPANY OF  
JEFFERSON TOWNSHIP**

Station 624

P.O. Box 722 Somerset, PA 15501, Phone: 814-445-8385, <https://fd624.org>

**MEMBERSHIP APPLICATION  
\$5.00 FEE DUE BEFORE BEING VOTED ON**

NAME IN FULL \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
TOWNSHIP \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

PLEASE LIST WHY YOU DESIRE MEMBERSHIP \_\_\_\_\_  
\_\_\_\_\_

ARE YOU WILLING TO TAKE EMERGENCY TRAINING? \_\_\_\_\_

HAVE YOU EVER HAD EMERGENCY TRAINING? \_\_\_\_\_  
IF YES, WHAT? \_\_\_\_\_

CERTIFICATION NUMBERS? \_\_\_\_\_

ARE YOU WILLING TO TAKE PART IN FUND RAISING? \_\_\_\_\_

PLEASE LIST ANY SERVICES YOU BELONG TO, PAST AND PRESENT: \_\_\_\_\_  
\_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIME? \_\_\_\_\_

PLEASE LIST THREE REFERENCES:

1. \_\_\_\_\_ PHONE # \_\_\_\_\_ MAY WE CONTACT Y OR N
2. \_\_\_\_\_ PHONE # \_\_\_\_\_ MAY WE CONTACT Y OR N
3. \_\_\_\_\_ PHONE # \_\_\_\_\_ MAY WE CONTACT Y OR N

**IT IS UNDERSTOOD ANY FALSE STATEMENTS ON THIS APPLICATION MAY BE  
CONSIDERED SUFFICIENT CAUSE FOR DISMISSAL. ALL APPLICANTS MUST PASS A  
BACKGROUND CHECK BEFORE BEING CONSIDERED FOR MEMBERSHIP.**

SIGN \_\_\_\_\_ DATE \_\_\_\_\_

DEPARTMENT USE ONLY - OFFICER SIGNATURE REQUIRED

ACCEPTED OR DENIED MEMBERSHIP (CIRCLE ONE) DATE: \_\_\_\_\_

SIGNATURE OF PRESIDENT: \_\_\_\_\_