



MEMBERSHIP APPLICATION

SOUTH FAYETTE TOWNSHIP VOLUNTEER FIRE DEPARTMENT

Membership Category		<u>Check One</u>
Active Member	Members participate in training, emergency response, fire prevention, fundraising & work details. Applicants that are 18 years of age or older.	<input type="checkbox"/>
Junior Member	Members participate in training, emergency response, fire prevention, fundraising & work details. Applicants that are 16 or 17 years of age . Junior members must follow child labor laws and provide a "Work Permit".	<input type="checkbox"/>
Cadet Member	Members participate in training, limited emergency response, fire prevention, fundraising & work details. Applicants that are 14 or 15 years of age . Cadet members must follow child labor laws and provide a "Work Permit".	<input type="checkbox"/>
Associate Member	Members participate in fundraising & work details. Applicants that are 18 years of age or older.	<input type="checkbox"/>
Reserve Member	Members participate in training, emergency response, fire prevention, fundraising & work details. Applicants that are 18 years of age or older, be an active member of another fire department and have firefighter-1 certification. Associate members have no voting privileges or can hold an office.	<input type="checkbox"/>

Personal Details					
First Name:		Middle Name:		Last Name:	
Street Address:					
Street Address 2:					
City:		State:	Pennsylvania	Zip:	Click here to enter text.
Gender:		Age:		Place of Birth:	
Primary Phone:			E-Mail:		

Background	
Do you reside inside of south Fayette Township?	
If "NO" what municipalities do you reside in?	
Do you have any previous firefighting experience?	
If "YES" what fire department(s)?	
<i>Associate Membership Only</i>	
Chief Name:	Chief Phone Number:
Fire Department:	
Chiefs Signature: <i>Chief approves the associate member on this application is an active member in good standing of the fire department named above. This signature will be required following your interview.</i>	

Employment History	
Current Employer:	
Current Employer Address:	
Job Title:	
Previous Employer:	
Previous Employer Address:	
Job Title:	



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Education			
High School:		Year Graduated:	
Trade School:		Year Graduated:	
Trades:			
College:		Year Graduated:	
Major:			

Beneficiary					
First Name:		Last Name:			
Address:					
City:		State		Zip	
Phone:		E-Mail:			
Relationship:				Are you Married?	

Driver Information		
Do you hold a Valid PA Driver's License?		
Driver's license number?		
Do you hold a Commercial Driver's License (CDL)?		
Do you have any violations?		

References <small>List three references below with the exception of family and existing members of South Fayette Township Volunteer Fire Department.</small>					
<i>First Reference</i>					
First Name:		Last Name			
Address:					
City:		State:		Zip:	
Phone :				Relationship:	
<i>Second Reference</i>					
First Name:		Last Name			
Address:					
City:		State:		Zip:	
Phone :				Relationship:	
<i>Third Reference</i>					
First Name:		Last Name			
Address:					
City:		State:		Zip:	
Phone :				Relationship:	



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Sponsor

Name of a current Active Member with the South Fayette Township Volunteer Fire Department who will sponsor you. If you do not have a sponsor Leave Blank and one will be provided for you.

Sponsors Name:		Second Sponsor Name:	
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Applicant Signature

By signing this application you agree to abide by the By-Laws, Rules and Regulations, and Standing Operating Guidelines of the South Fayette Township Volunteer Fire Department. By submitting this application you agree to be investigated by the membership committee of the SFVFD for criminal history, background, child clearances and driving records.

Applicants submitting this application electronically can provide hand written signature on the application during your interview. All applications must have at Minimum an electronic signature or it will be denied by the membership committee.

Signature:		Date:	
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DIRECTIONS TO SUBMIT THIS APPLICATION (Option #1)

1. Scan this file to your computer
2. Open your email
3. Compose a new email TO: **membership@southfayettevfd.com**
4. Subject: New Member Application - (your First & Last Name)
5. Compose a message
6. Attach the application file to the E-Mail.
7. Send

DIRECTIONS TO SUBMIT THIS APPLICATION (Option #2)

1. Compose a new email TO: **membership@southfayettevfd.com**
2. Subject: New Member Application - (your First & Last Name)
3. Compose a message: State you would like to meet and submit a application in the email.
4. Wait for a response from the membership committee to get back to you. We will communicate on when to meet and take your application.