

BETHLEHEM TOWNSHIP VOLUNTEER FIRE COMPANY

1919 8th Street, Bethlehem Township, PA
MAILING ADDRESS: P.O. Box 3337 Bethlehem, PA 18017-0337

Emergency Medical Services / Fire Prevention & Suppression / Rescue Services

Emergency: 911

Headquarters: (610) 694-0062

Fax: (610) 691-0711

EMS Billing: (610) 868-2977



Bethlehem Township Volunteer Fire Company Observer Application Form

This application form must be completed in advance of the observation date. Approval is not final until you have received an approved copy of this form from either the Fire Chief, EMS Director or the Ambulance Captain.

Name: _____ Date of Birth: _____

Address: _____
Street Apt. No.

_____ City State Zip Code

Daytime Phone Number: _____

Evening Phone Number: _____

Please state the reason why you are requesting to observe: _____

Date(s) being requested: _____ Time(s): _____

Are you currently a member of another organization like BTVFC. if so, where? _____

Observers, when approved, are not permitted to engage in any fire company activities. Nor are they to board or ride fire company vehicles without the permission of a company officer in charge the day of their observation. Bethlehem Township Volunteer Fire Company may not be held responsible for any injuries that may occur during the applicants observation time.

Signature of Applicant: _____ Date: _____

OFFICE USE ONLY

To be completed by the EMS Director, Ambulance Captain or Fire Chief of BTVFC.

I grant permission to this applicant to observe on the following date(s) at the time(s) specified below.

Date(s): _____ Time(s): _____

Signature: _____ Date: _____