

BETHLEHEM TOWNSHIP VOLUNTEER FIRE CO., INC.

DO NOT WRITE IN THIS BLOCK
Rec'd: ___/___/___ by: _____
Meetg: ___/___/___ fee: _____
Disp: appd _____ rej _____
Sworn-in: ___/___/___ by: _____

MEMBERSHIP APPLICATION

VOLUNTEER: ACTIVE _____ **JUNIOR** _____
EMPLOYEE: EMT _____ **PARAMEDIC** _____ **OTHER** _____

INSTRUCTIONS TO APPLICANTS: Complete all parts of this application form. Provide as much information as possible including full names, addresses, phone numbers and details. Completed applications and a fee of ten dollars (\$10.00) for a Criminal Background Check for *Volunteer applicants* are to be returned to: Bethlehem Township Vol. Fire Co. C/O: Membership Committee, P. O. Box 3337, Bethlehem, PA 18017 or in person to 1919 8th St., Bethlehem, PA.

PLEASE PRINT OR TYPE

PERSONAL INFORMATION

NAME: _____ **DATE OF BIRTH:** ___/___/___
Last First Middle

Address: _____ **Phone Number:** _____
_____ **Soc. Sec. No.:** _____

Cell Phone Number: _____ **E-Mail Address:** _____

Is this your Permanent Address? _____ If not, on the line below, please list your permanent address:

Are You a U.S. Citizen? _____ Have you ever been convicted of a crime? _____

If yes, please explain: _____

Do you have a Drivers License? _____ If yes, what State? _____ Class: _____

Restrictions: _____ Operators Number: _____

Has your license ever been suspended? _____ If yes, please explain: _____

EMPLOYMENT

Current Employer: _____ **Years Employed:** _____

Address: _____ **Phone Number:** _____

Position or Job Title: _____

Previous Employer: _____ **Years Employed:** _____

Address: _____ **Phone Number:** _____

Position or Job Title: _____

MILITARY

Have you ever been in the Armed Forces: _____ If Yes, what Branch: _____

How many years: _____ Type and Date of Discharge: _____

List Specialized Training: _____

EDUCATION

High School: _____ Dates: _____

Vo-Tech or Trade School: _____ Dates: _____

College: _____ Dates: _____

Degrees Earned: _____

Major Studies: _____

GENERAL INFORMATION

List any training of special skills or certifications you have which would be of benefit to this organization:

Why do you want to join a volunteer organization? _____

Are you interested in: EMS ___ Fire ___ Fire Police ___ (Please check all that apply)

Are you currently, or have you ever been a member of an organization such as B. T. V. F. C.? _____

If yes, what organization? _____

Person in charge: _____ Telephone number: _____

Have you ever been, or are you currently authorized to use blue lights? _____

If yes, by whom? _____

Do you know any members of B. T. V. F. C.? _____, If yes, name of person: _____

Have you ever been arrested? _____ If so, please explain: _____

REFERENCES

List three (3) Personal References:

Name: _____ Telephone Number: _____

Address: _____

How long have you known this person? _____ Occupation: _____

Name: _____ Telephone Number: _____

Address: _____

How long have you known this person? _____ Occupation: _____

Name: _____ Telephone Number: _____

Address: _____

How long have you known this person? _____ Occupation: _____

STATEMENT OF CERTIFICATION

I, the undersigned, hereby claim that, to the best of knowledge, all information provided in this application is true and correct. Further, I understand that any information which has been given incorrectly is cause for rejection or dismissal from the company. Permission is hereby granted to Bethlehem Township Volunteer Fire Co., Inc. to contact any and all persons listed on this application, and any government agency which may have knowledge of my background.

Signature: _____

Date: _____

OPTIONAL EMERGENCY INFORMATION

The following information is optional. You are not required to complete this section if you do not so desire.

In the event of an emergency, whom shall we contact?

Name: _____ Telephone Number: _____

Address: _____

Relationship: _____ Religious Affiliation: _____

Other: _____

**BETHLEHEM TOWNSHIP VOLUNTEER FIRE COMPANY, INC. DOES NOT DISCRIMINATE ON THE
BASIS OF RACE, COLOR, SEX, RELIGION, ANCESTRY, NATIONAL ORIGIN, AGE OR NON-JOB
RELATED HANDICAP OR DISABILITY IN THE PROGRAMS OF ACTIVITIES IT OPERATES.**

BETHLEHEM TOWNSHIP VOLUNTEER FIRE COMPANY

BENEFICIARY FORM

Members Name: _____

BENEFICIARY DESIGNATION

Complete, sign and date this if you wish to name or change beneficiary.

I hereby designate the following beneficiary(ies) with respect to indemnity for loss of life, revoking any previous beneficiary

Name: _____ Relationship _____ Share _____

Name: _____ Relationship _____ Share _____

Name: _____ Relationship _____ Share _____

Name: _____ Relationship _____ Share _____

Name: _____ Relationship _____ Share _____

Signature: _____ Date: _____