



# Bethlehem Township Volunteer Fire Company

1919 8th Street, Bethlehem, PA 18020-5803

Mailing Address:

P.O. Box 3337, Bethlehem, PA 18020-0337

Phone: 610-694-0062 ▪ Fax: 610-691-0711

www.btvfc.org



## 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 at the day of their observation. Bethlehem Township Volunteer Fire Company may not be held responsible for any injuries that 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

Date( s ): \_\_\_\_\_ Times: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_