



Chestnut Ridge Community Volunteer Fire Company

1698 Route 711 P.O. Box 160 Stahlstown, Pa 15687

(724)593-2206 110crvfc@gmail.com

Membership Application

Member type: Active Firefighter _____ Jr Firefighter _____ Social _____

Name _____ SSN _____ DOB _____

Address _____ Twp/Boro _____ Sex M F

Time at residence _____ Employer _____ Occupation _____

Phone _____ E-mail _____

Emergency contact _____ Relationship _____ Phone # _____

Have you ever been convicted of a felony or crime _____

Firefighter - Active & Jr:

Previous Fire Co membership _____ Dates _____

Previous Firefighting or EMS training _____

Medical issues that may limit physical/mental capability in emergency service _____

Prescriptions that affect physical/mental capability in emergency service _____

Provide a copy of current PA license for background check _____

I, _____, having completed my application for membership in the Chestnut Ridge Community Volunteer Fire Co, attest that the information provided is correct to the best of my knowledge. If accepted, I will abide by all rules and regulations of the Fire Company including the By-Laws and Standard Operating Guidelines. Upon leaving the Fire Company I will return all Fire Company property for which I am responsible.

Signature _____ Date _____

Do not write below this line

Sponsored by _____

Date Application read 1st time _____

Application vote Date _____ Yes votes _____ No votes _____

President's signature _____