



George G. McMurry Fire Department,
Vandergrift Fire Department No. 1

P.O. Box 6 Vandergrift, PA 15690-0006 (724) 567-7171

MEMBERSHIP APPLICATION:

Name: _____ Phone Number: _____

Street Address: _____

Mailing Address: _____

How long have you lived at your current address: _____

Do you currently belong to any other Fire Department? YES / NO Name: _____

List any previous fire-fighting affiliations: _____

List any previous fire-fighting training: _____

The following questions will have no bearing on your eligibility to join our organization, but are needed to determine the amount and type of fire-fighting duties you can perform.

Age: _____ Date of Birth: _____ Social Security No.: _____

Occupation: _____ Employer: _____

Address: _____

PA Drivers License No.: _____ Has your license ever been suspended or revoked? YES / NO

Explain: _____

Are you basically healthy? YES / NO

Do you have any Physical impairments that might limit your fire-fighting abilities? YES / NO

Explain: _____

Applicant's Signature

Date

Sponsor: _____

Background check \$10.00 (non-refundable)
Initiation fee \$13.00

Investigating Committee Members:

Date of acceptance or rejection: _____