

**Application for Membership**  
**Penn Township Fire Company #50**  
**1750 Pine Road**  
**Newville, PA 17241**  
**(717)486-5488**

**Organized September 1952**

**Chartered March 1955**

**“Committed to Serve Our Community”**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Township: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Social Security # \_\_\_\_\_ Drivers License # \_\_\_\_\_ Class: \_\_\_\_\_  
Recommended By: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

---

**Please Answer All of the Following Questions**

1. Have you ever been convicted of arson or any felony? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
2. Have you been convicted of a traffic violation in the past three (3) years? \_\_\_\_\_ If yes, explain: \_\_\_\_\_  
\_\_\_\_\_
3. Have you ever or do you now belong to any other Fire Departments? \_\_\_\_\_  
If so, please list the Company Numbers. \_\_\_\_\_
4. Do you hold any valid certificates for federal, state, or local level fire training? \_\_\_\_\_ If yes, please list title of course and dates from certificates. \_\_\_\_\_  
(If possible attach copies of all certificates) \_\_\_\_\_

Please check any activities in which you plan on helping or getting involved in:

**Firefighting** \_\_\_\_\_ **Rescue** \_\_\_\_\_ **EMS** \_\_\_\_\_ **Training** \_\_\_\_\_ **Other** \_\_\_\_\_  
**Bingo** \_\_\_\_\_ **Fund Raisers** \_\_\_\_\_ **Fair** \_\_\_\_\_ **Suppers** \_\_\_\_\_ **Work Details** \_\_\_\_\_  
**All that I can help with** \_\_\_\_\_ **I plan to be Inactive (Social)** \_\_\_\_\_

Applicant to return this completed and signed (fully legible signature) form along with a Pennsylvania State Police Criminal History Report (performed within 3 months of application.)

You can apply on line at <https://epatch.state.pa.us> or you can pick up a request at any PSP Barracks. For information call 1-888-783-7972. The cost is \$10.00.

The application will be brought before the Company and read. The application will then lay over until the next meeting when it will be voted upon by the membership present.

**NOTE: FALSIFICATION OF ANY OF THE INFORMATION ON THE APPLICATION IS GROUNDS FOR IMMEDIATE REFUSAL OF MEMBERSHIP OR DISMISSAL FROM THIS COMPANY.**

**APPLICANT’S SIGNATURE** \_\_\_\_\_ **Date** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Upon application approval, the membership will be for a probationary period of six (6) months, at which time a re-evaluation will be made to determine full membership.

---

**COMMITTEE REPORT**

**Interviewed by:** \_\_\_\_\_ **Date** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

**The Committee has found this applicant to be:** **FAVORABLE** \_\_\_\_\_ **NON-FAVORABLE** \_\_\_\_\_

**If Non-Favorable, explain:** \_\_\_\_\_ **Date** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

**Read at meeting on:** **Date** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ **Application will lay for 30 days.**

**Company Approval:** **Yes** \_\_\_\_ **No** \_\_\_\_ **Six (6) months probation starts on** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

**If No, Reason:** \_\_\_\_\_

**Company Approval:** **Yes** \_\_\_\_ **No** \_\_\_\_ **Date** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ **ACTIVE** \_\_\_\_\_ **SOCIAL** \_\_\_\_\_