



Brookside Fire Company

3560 Athens Street
Erie, Pennsylvania 15610-3012

Emergency – 911
Non-Emergency – 814-899-3820

APPLICATION FOR MEMBERSHIP

Fill in all information completely. Do not write in shaded areas.

NAME: (Last, First, Middle)			SOCIAL SECURITY NUMBER:
CURRENT ADDRESS:			TELEPHONE NUMBER:
EMPLOYER AND ADDRESS:			TELEPHONE NUMBER:
EMERGENCY NOTIFICATION: (Name and Address)			TELEPHONE NUMBER:
DATE OF BIRTH:	NUMBER OF DEPENDENTS:	BLOOD TYPE:	DRIVER'S LICENSE NUMBER AND STATE:
MARITAL STATUS:	SPOUSE'S NAME:	PERTINENT MEDICAL PROBLEMS:	
HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE? NEGLECT MINOR TRAFFIC VIOLATIONS. IF YES, EXPLAIN:			<input type="checkbox"/> YES <input type="checkbox"/> NO
DO YOU BELONG TO ANOTHER NON-PROFIT ORGANIZATION? IF YES, GIVE ORGANIZATION(S) NAME(S):			<input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER BEEN A MEMBER OF THE ARMED SERVICES? IF YES, GIVE BRANCH, DATE AND TYPE OF DISCHARGE:			<input type="checkbox"/> YES <input type="checkbox"/> NO
FIRESERVICE TRAINING:			
<input type="checkbox"/> Fundamentals	<input type="checkbox"/> Truck Co. Ops	<input type="checkbox"/> Engine Co. Ops.	<input type="checkbox"/> Fire Police
<input type="checkbox"/> Firefighter I	<input type="checkbox"/> HazMat	<input type="checkbox"/> Safety & Survival	<input type="checkbox"/> Leadership I
<input type="checkbox"/> Firefighter II	<input type="checkbox"/> Incident Command	<input type="checkbox"/> Officership	<input type="checkbox"/> Incident Safety Officer
<input type="checkbox"/> Pumps I	<input type="checkbox"/> Rope Rescue	<input type="checkbox"/> Vehicle Rescue	<input type="checkbox"/> Aerial Ops.
<input type="checkbox"/> Pumps II	<input type="checkbox"/> Structural Rescue	<input type="checkbox"/> Rural Water Movement	<input type="checkbox"/> M.C.T.O. - <u> </u> P <u> </u> D <u> </u> T
<input type="checkbox"/> Others: _____			

EMS TRAINING (Enter certification numbers where appropriate):

_____ Paramedic	_____ EVOC
_____ EMT	_____ BTLS
_____ First Rescue	_____ CPR
_____ AFA	_____ SFA

Other / Comments: _____

REFERENCES:

1. NAME: _____	TELEPHONE: _____
ADDRESS: _____	YEARS KNOWN: _____
_____	RELATIONSHIP: _____

2. NAME: _____	TELEPHONE: _____
ADDRESS: _____	YEARS KNOWN: _____
_____	RELATIONSHIP: _____

3. NAME: _____	TELEPHONE: _____
ADDRESS: _____	YEARS KNOWN: _____
_____	RELATIONSHIP: _____

EMPLOYMENT HISTORY (Please Begin with most recent of current employer):

1. NAME: _____	TELEPHONE: _____
ADDRESS: _____	JOB TITLE: _____
_____	START DATE: _____
_____	STOP DATE: _____
2. NAME: _____	TELEPHONE: _____
ADDRESS: _____	JOB TITLE: _____
_____	START DATE: _____
_____	STOP DATE: _____
3. NAME: _____	TELEPHONE: _____
ADDRESS: _____	JOB TITLE: _____
_____	START DATE: _____
_____	STOP DATE: _____

EDUCATIONAL HISTORY:

HIGH SCHOOL: _____

GRAD DATE: _____

ADDRESS: _____

COURSE OF STUDY: _____

COLLEGE: _____

GRAD DATE: _____

ADDRESS: _____

DEGREE: _____

MAJOR: _____

MINOR: _____

COLLEGE: _____

GRAD DATE: _____

ADDRESS: _____

DEGREE: _____

MAJOR: _____

MINOR: _____

I, the undersigned, apply for membership in the Brookside Fire Company, Incorporated. I authorize an investigation of all information given on the Application for Membership. If I am granted membership, I agree to abide by the Constitution and By-Laws of the Brookside Fire Company. I will participate in and support the activities, work duties and other functions for the betterment of the Fire Company. My answers on this Application for Membership are true and correct to the best of my knowledge. I understand that falsifying answers can mean suspension or expulsion from the Brookside Fire Company, Incorporated.

Applicant's Signature

Date

Witness

Date

APPROVALS:

INVESTIGATING COMMITTEE:

ACCEPTED DENIED

DATE: _____

MEMBERSHIP VOTE:

ACCEPTED DENIED

DATE: _____

INVESTIGATING COMMITTEE REPORT: (Attach additional sheets if required)

