

Weisenberg Volunteer Fire Department

Weisenberg Township, Pa.

PO Box 51 Kutztown, PA 19530

SUPPORTER APPLICATION

The Weisenberg Volunteer Fire Department is an Equal Opportunity organization. We do not discriminate on the basis of race, color, religion, national origin, age, gender, disability, or any other status protected by law or regulation.

INSTRUCTIONS

1. PLEASE PRINT OR TYPE your answers, except for the signature on the application.
2. Applications without an affidavit signature on the last page will not be accepted.
3. All applications require a \$10 check payable to WVFD to offset a State police criminal record check fee

Personal Information

Full Name:	Date of Birth:
Address:	Telephone Home: Business: Cell:
Email Address:	
Please state what personal information listed above may be distributed to members (or check box for "all") <input type="checkbox"/>	
Social Security No (for background checks only, not to be distributed at all):	

How would you like to help Weisenberg Volunteer Fire Department?

References

List any members of the Weisenberg Volunteer Fire Department with whom you are acquainted?			
List three (3) additional references other than relatives and others named above:			
Name	Address	Telephone Number	Relationship

Emergency Contact Information

Name	Address	Telephone Number	Relationship

AFFIDAVIT FOR FIRE DEPARTMENT MEMBERSHIP

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this membership application is true and complete. I understand that any false information or omission may disqualify me from further consideration for membership and may result in my dismissal if discovered at a later date. I understand that the Weisenberg Volunteer Fire Department may request an investigative report from a reporting agency or police department. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from interviews with neighbors, friends, former employers, schools, and others. I understand I have the right to make a written request within a reasonable time for disclosure of the nature and scope of the investigation. I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employers (except as previously noted), past employers, and organizations named in this application to provide relevant information and opinions that may be useful in making a membership decision. I release such persons and organizations from any legal liability in making such statements. I understand that if I am extended an offer of membership it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capacity to do the duties for which I may be asked. I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre and/or post employment drug screen as a condition of employment, if required. **I hereby swear (or affirm), under penalty of perjury or false swearing, that I have never been convicted, pleaded no lo contender, or been found guilty of the crime of arson or its related offenses. I have never committed nor engaged in any crime of false alarms to public safety agencies. I further swear that as part of this membership application, I have made full disclosure of any and all arrests, convictions, or adjudications for any other criminal offenses. I understand that if subsequent investigation reveals that I have falsified or otherwise misrepresented the true nature of any criminal offenses that involve me, I may forfeit my membership in the above named organization and be subject to the criminal penalties for perjury or false swearing.**

Moreover, I understand that upon my termination of membership, I must return any property owned by WVFD. In the event that I fail to return the items previously described, the Weisenberg Volunteer Fire Department may pursue legal remedies against me.

I fully intend to be bound hereby, by affixing my hand on this, the _____ day of _____ in the year _____.

Written Signature of Applicant

Signature of Parent/Guardian of Applicant (if applicant under 18)

Printed Name of Applicant

Printed Name of Parent/Guardian of Applicant (if applicant under 18)

Written Signature of Witness