

**Ut Spangler Fire Company**  
 2001 Bigler Avenue  
 P.O. Box 454  
 Northern Cambria, Pa. 15714  
 814-948-5671

Date Received: \_\_\_\_\_

## **Active Membership Application**

Please Type or Print

Qualified applicants are considered for active membership without regard to race, color, religion, sex, national origin, marital or veteran status. Must be at least 14 years old to apply.

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Birthday: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Education and Training	Name and Location	Date Attended		Diploma Degree Received	Circle Highest grade completed:
		To	From		
High School					Grammar School:
College or University					1 2 3 4 5 6 7 8
Trade or Technical School					High School:
Post Graduate					9 10 11 12
					College:
					1 2 3 4 5 6

**Military:**

Have you served in the U.S. Armed Forces? If yes, list duties or specific training.
( ) Yes ( ) No If yes, fill out the following.

<u>Branch</u> _____	<u>Date Entered</u>	<u>Date and Type Discharge</u>	<u>Final</u>
<u>Rank</u>			

**Employment History:**

Employer	Dates Employed From	To	Work Performed:
Employer	Dates Employed From	To	Work Performed:
Employer	Dates Employed From	To	Work Performed:

**References:** List Three \*\*\* Do Not include Relatives\*\*\*

Name Known	Address and Phone Number	Years
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Name Known	Address and Phone Number	Years
Name Known	Address and Phone Number	Years

If you have previous fire service experience, please list the Company/Department, location, phone number, contact person and achievement(s).

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Do you have any medical problems: ( ) Yes ( ) No If yes explain below.

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Have you ever been in trouble with the law: ( ) Yes ( ) No If yes explain below.

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May write on the back of this page if there is not enough room to answer these questions completely.

I authorize the Spangler Fire Company to thoroughly investigate my personal and public background which includes, but not limited to schools, places of employment, military records and references. I also authorize release of any private or public records needed to determine the extent of my qualifications for membership. I understand that any information obtained by the Spangler Fire Company will be kept in confidence and will be used only for the purpose of determining acceptance for membership.

If accepted as a member, I further agree to abide by the By-laws of the Spangler Fire Company and the rules and policies established by the Company and the Fire Chief.

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Signature of Applicant

Date

**For Membership Applications when the member is less than eighteen (18) years old.**

Being the lawful parent(s) or guardian(s) of the applicant I/we recognize the dangers and perils of firefighting and hereby give my/are permission and consent for the applicant to apply for membership in the Company and if accepted, as a member, to participate in Company activities, including training, firefighting and rescue activities. I/we therefore, release the Spangler Fire Company from any liability in the event that my/our child is injured in any activity authorized by the Company.

If the applicant is accepted for Active membership and is under 18 years old, he/she must provide, at their expense, a completed, ***Transferable Work Permit*** as required by the Pennsylvania Child Labor Law. The work permit must be completed and presented within **sixty (60) days** of acceptance or the membership will be **Voided**.

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Signature of Applicant Parent(s) or Guardian(s)

Date

**APPROVED:** \_\_\_\_\_

**DENIED:** \_\_\_\_\_ **WHY:** \_\_\_\_\_  
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