



Duncansville Fire Department
 313 Fourteenth Street Duncansville,
 Pa 16635
 Phone: 814-695-9512
 Fax: 814-693-1515
 contact@duncansvilleVFD.com

Membership Application \$10 fee for application/dues/background check

Payable to Duncansville Volunteer Fire Department

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Marital Status: _____ Social Security No.: _____ Driver's License #
 and class _____

Emergency Contact
 with phone and
 relationship: _____

Have you applied here before? YES NO DATE OF BIRTH : _____

Have you been a member of another fire service? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Have you been convicted of a crime? YES NO Explain: _____

Do you have any moving violations on your driver's license? YES NO

Explain: _____

Have you had any disciplinary actions at a past fire service or at work? YES NO If yes,

Explain: _____

Briefly explain why you want to join the Duncansville Fire Department: _____

References

Please list three references who are not family.

Full Name: _____ Years known: _____
How? _____ Phone: _____

Full Name: _____ Years known: _____
How?: _____ Phone: _____

Full Name: _____ Years known: _____
How?: _____ Phone: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____

By signing below, you agree to allow the Blair Township- Duncansville Fire Department to conduct a criminal background check on you for the sole purpose of membership acceptance.

Signature: _____ Date: _____

If you are under age of 18, please have a parent or guardian sign below.

Signature: _____ Date: _____

Name: _____ Phone: _____

Relationship: _____

Admin use only:

Ref 1 S ___ U ___ Ref 2 S ___ U ___ Ref 3 S ___ U ___