



Whitehall Fire Company
Station 1: 4400 Clairton Blvd. Pittsburgh, PA 15236
Station 2: 601 Weyman Road Pittsburgh, PA 15236
Application For Membership

NAME: _____ SPOUSE'S NAME: _____
Last First Middle

ADDRESS: _____ PA _____ HOW LONG: _____ AGE: _____
Street City State Zip

PREVIOUS ADDRESS: _____ BIRTHDAY: _____
(If Under Two Years) Street City State Zip

PHONE: _____
Cell Home Work E-Mail Address

SOCIAL SECURITY #: _____ NUMBER & AGES OF CHILDREN: _____

OCCUPATION: _____ HOW LONG: _____

COMPANY NAME: _____ ALLERGIES: _____

PRIMARY CARE PROVIDER: _____ BLOOD TYPE: _____
Name Phone/Address

PREVIOUS FIRE EXPERIENCE: _____
(If Yes) Company/Department How Long

Vehicle Information

Make Model Plate Number Insurance

Insurance Policy Number Driver License Number DL Expiration Class

Junior Information

For Applicants ages 16-17

PARENT/GUARDIAN: _____
Last First Phone

PARENT/GUARDIAN: _____
Last First Phone

ADDRESS: _____ PA _____ WORK PERMIT: YES NO
Street City State Zip If no, a work permit is required before becoming a member

WORKING HOURS/WEEK: _____ Applicants ages 16 or 17 will also complete a separate JESP
During School During Vacation Contact Card for additional info. As well as a separate document
of understanding with a parent/guardian.

CONTINUE ON BACK

I, the undersigned, do hereby petition for membership in the Whitehall Fire Company. I promise to abide by the Constitution and By-Laws of the Whitehall Fire Company and the Whitehall Fire Company Relief Association, and will use every honorable means to work for the best interests of the fire service for the community. I will uphold, protect, and defend the Constitution of the United States and will abide by the laws of the Commonwealth and our local government to the best of my ability.

I, the undersigned, understand that in the event of a medical disability or a disabling injury incurred by me while engaged in an authorized fire service activity, I undersand that the financial obligation of the Whitehall Fire Company and the Whitehall Fire Company Relief Association is limited to the benefiits provided by the insurance policies carried by both the Company and the Relief Association and those provided by the Workmen's Compensation coverage carried by the Borough of Whitehall for members of the Whitehall Fire Company.

I, the undersigned, recognize that this application for membership is subject to a police/criminal background investigation to be conducted by the Whitehall Fire Company and possibly law enforment agencies. I waive any civil cause of action that I may have as a result of said investigation against the Whitehall Fire Company/Whitehall Fire Company Relief Association of Allegheny County, including the Whitehall Police Department of Allegheny County, Whitehall Borough as a municipal corporation, any officers whether individually or collectively of the above-referred organizations, or political subdivisions as consequence of the background investigation. Specifically, I, the undersigned, waive any consideration against the Whitehall Fire Company and Whitehall Fire Company Relief Association of Allegheny County, PA.

I, the undersigned, verify that the statements made in this application are true and correct. I understand that false statements which are made herein are subject to penalties of PA C.S. 4909 relating to unsworn falsification to authorities.

I, the undersigned, will return all equipment issued to me in the event my membership ceases with the Company.

DATE: _____ *SIGNATURE: _____
Applicant

DATE: _____ SIGNATURE: _____
Parent/Guardian of Minor (Required for 16/17 Year Olds)

*Signature of an applicant under 18 years of age (minor) is void without the signature of the parent/guardian.

Applicants ages 16 or 17 cannot become a member of the Whitehall Fire Company without having a parent/guardian signature.

Official Use Below:

Application Read to Membership: _____ Membership Vote: Yea Nea
Date Second Reading

Accountability #: _____ Voted as Probationary Firefighter: _____
Date

Added to Insurance: _____ Equipment Issued: _____
Date Date

Entered in Computer: _____ By-Laws/SOGs Issued: _____
Date Date

Visitation Committee:

Committee Met with Applicant: _____
Along with Parent/Guardian if Applicable Date

Committee Members:

Business Officer

Line Officer

Member

President's Signature: _____
Date: _____