

GTVFC POTENTIAL MEMBER PRE-APPLICATION REGISTRATION

NAME: _____ **DOB:** _____

Address: _____ **Phone: (Day)** _____

_____ **Phone: (Other)** _____

E-mail Address: _____

Indicate Preference: Tactical – Firefighter _____ Tactical-EMT _____

Administrative: _____

Cadet: _____ **Cadet Working Papers** **Yes:** _____ **No:** _____

Availability: **Days:** _____ **Evening only:** _____ **Weekends only:** _____

Current Skills: **Previous Firefighting/EMT experience** **Yes:** _____ **No:** _____

CDL: **Yes:** _____ **No:** _____ **HAZMAT:** **Yes:** _____ **No:** _____

Please list below any current certifications you hold and where they were obtained:

Briefly state below why you wish to join GTVFC:

Greenfield Township Volunteer Fire Company is required by law to comply with ACT 45 – Ambulance Service Management. This act, as well as GTVFC standard operating procedures require physical screening for certain service positions. All applicants for membership in GTFVC shall be required to undergo complete background investigation. The undersigned applicant shall provide any and all pertinent information requested and hereby agrees and permits GTFVC ice to complete any and all aforementioned checks/ tests deemed necessary. All information provided to GTFVC will be held in the strictest confidence.

Applicant signature: _____

Date: _____

Cadet Parental signature _____

Date: _____

Sponsoring Member: _____

Date: _____

Registering Member: _____

Date: _____