

**EDGEWOOD VOLUNTEER FIRE DEPARTMENT
APPLICATION FOR MEMBERSHIP AND RELEASE FORM**

Date: _____

Name: _____ Date of Birth: _____

Address: _____ Phone #: _____

U.S. Citizen: Yes _____ No _____ Served in the Armed Forces: _____ Branch: _____

Have you ever been arrested? Yes _____ No _____ Convicted? Yes _____ No _____

Do you have any physical defects or health problems? _____ if yes, explain _____

Why do you want to become a member of this Department? _____

Are you now, or have you ever been a member of another Department? _____

If accepted as a member of this Fire Department, you will be expected to abide by the By-Laws as adopted by the Fire Department and Borough Council. You will be expected to act in a professional manner at all times. You will remain on probation for a period of six (6) months. You may be required to obtain a physical exam by your Medical Doctor at your expense.

By evidence of your signature, you swear that all information provided above is true and accurate and that you shall accept the regulations shown above.

Signature: _____ Date: _____

Recommended by: _____

Fire Department member

We, the members of the Membership Committee, have investigated the above applicant and recommend the following action.

_____ Accepted as a member _____ Declined membership

Signature of Committee member: _____

Signature of Committee Chairperson: _____

Date Applicant accepted: _____

**EDGEWOOD VOLUNTEER FIRE DEPARTMENT
2 RACE STREET
EDGEWOOD, PA 15218**

RELEASE

Date: _____

NOW, THEREFORE, I the undersigned applicant, age eighteen (18) years of age or older, in consideration of the acceptance of the undersigned applicant to membership as a volunteer firefighter in the Edgewood Volunteer Fire Department, the rights and privileges entitled to be enjoyed thereby and intending to be legally bound hereby, do hereby accept and assume the hazards incident to the activities and obligations as a member of said Edgewood Volunteer Fire Department and do hereby exempt and release said Edgewood Volunteer Fire Department from all claims for such injuries and/or damages, sustained by the undersigned applicant as a volunteer firefighter in the service of the said Edgewood Volunteer Fire Department: it being understood that this exemption and release is and shall be binding upon my respective heirs, executors, administrators and assigns.

Furthermore having made application to the Edgewood Volunteer Fire Department, I the undersigned applicant, do hereby authorize a review of and full disclosure of all records of complaint, arrest, trial and/or conviction for actual or alleged violations of the law, including criminal and/or traffic records.

I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the purpose of pursuing a background investigation, which may provide pertinent data for the Edgewood Volunteer Fire Department to consider my suitability for acceptance as a member. It is my specific intent to provide personal information, however personal or confidential it may appear to be, and the source of information specifically identified herein.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for membership in the Edgewood Volunteer Fire Department. I understand that all materials pertaining to this background investigation become property of the Edgewood Volunteer Fire Department and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me.

I understand also that this form shall be notarized as proof that it is my signature giving these releases.

State of _____ Signature _____

City/County _____ Date of Birth _____ Social Security # _____

Acknowledged before me on this _____ day of _____

Notary Public / District Justice

My Commission expires _____