



**STATION 1**  
5149 North Pioneer Rd  
Gibsonia, PA 15044

**STATION 2**  
2881 Wildwood Rd Ext.  
Allison Park, PA 15101

724-443-5250  
165Information@gmail.com

## Junior Membership Application

PLEASE PRINT CLEARLY

NAME

LAST

MIDDLE

FIRST

ADDRESS (Current):

NUMBER

STREET

APT

CITY

STATE

ZIP

How long have you lived at this address?

TELEPHONE / EMAIL

PRIMARY TELEPHONE

SECONDARY TELEPHONE

PRIMARY EMAIL

SECONDARY EMAIL

DATE OF BIRTH MM / DD / YYYY You are **at least 16** years of age and **not older than 18**  YES  NO

DRIVERS LICENSE

STATE

NUMBER

TYPE / CLASS

EXP DATE

----- BACKGROUND -----

Highest grade attained  10  11  12  GED  Diploma

Last school attended \_\_\_\_\_ City / State \_\_\_\_\_

Have you ever been arrested

YES  NO

Have you ever been convicted of a felony

YES  NO

Do you have previous firefighting and / or EMS experience  YES  NO

If 'yes' please list

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<<< CONFIDENTIAL >>>

Please list any certifications and / or specialized training you have received

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REFERENCES – Please list three people, not related, that we may contact

NAME	RELATION	TELEPHONE and / or EMAIL
NAME	RELATION	TELEPHONE and / or EMAIL
NAME	RELATION	TELEPHONE and / or EMAIL

By applying for a **Junior** firefighter position, I agree to complete a physical examination performed by a physician selected by the NHVFD, and consent to the release of the results of the examination in order for the NHVFD Fire Chief to verify that I am physically capable of performing the duties of the position for which I am applying. I understand and agree that the NHVFD has the right to deny my application or limit my level of participation based on the results of the physical examination. I understand that this physical examination will be provided at no cost to me and will not be shared with any 3<sup>rd</sup> parties.

I certify that the information supplied by me on this application is true and complete and does not contain any falsifications, omissions, or concealments of material facts. I authorize the NHVFD to verify the truth of this information, and any other information I may supply during this application process. I further authorize the NHVFD to investigate my criminal history, and other aspects of my personal history, including my character and general reputation. If my application is denied in whole or in part due to my criminal history, an Officer of the NHVFD will so advise me.

I understand and agree that it is the intention of the NHVFD to maintain a high degree of public trust. Therefore it is imperative to maintain honesty, reliability, integrity, and high moral character and should I become a member I will be expected to follow the rules and objectives of the Department.

I hereby acknowledge that I have read this section of the membership application and fully understand the meaning and effect of signing this form.

I understand that as a **Junior** firefighter my participation in training, firefighting and related duties will be restricted by both time of day and type of activity as defined by this Department as well as other governing entities.

Applicant Signature \_\_\_\_\_

Print \_\_\_\_\_

Date \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Print \_\_\_\_\_

Telephone \_\_\_\_\_

<b>INTERNAL DEPT USE ONLY</b> (DATE and INITIAL)		<b>REFERRED BY DEPT. MEMBER:</b>		
<input type="checkbox"/> JUNIOR Firefighter				
Received	Background	References	Physical	<input type="checkbox"/> RESTRICTED
Interview	RECOMMEND	DECLINE	NOTIFICATION	