



Marshall Township Volunteer Fire Department

Mail: PO Box 216, Warrendale, PA 15086
Station #1: 270 Northgate Dr, Warrendale, PA, 724-935-1230
Station #2: (Knob Park) 465 Knob Rd, 724-935-1020
Fax: 724-934-5996
Email: info@marshallvfd.org

Application for Membership

(Please Print)

About You

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Mobile Phone: _____

E-Mail Address: _____

Social Security Number: _____ Date of Birth: _____

Driver's License Number: _____ Expiration Date: _____

About Your Job

Employer: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Work Phone: _____

Position: _____

Your Position in the Fire Department

You are applying for and will automatically become, upon acceptance, a member of the fire department. If you are also interested in becoming a firefighter, please check the box below.

Fire Brigade

Check here if interested in firefighting/rescue (brigade)

Experience and skills you can provide to the fire department

Please list any experiences or skills that may be of value to the company. Attach any supporting documentation or training records if applicable.

Other Interests (check all that apply)

<input type="checkbox"/> Accounting	<input type="checkbox"/> Administrative	<input type="checkbox"/> Building and Grounds
<input type="checkbox"/> Computers	<input type="checkbox"/> Cooking	<input type="checkbox"/> Entertainment
<input type="checkbox"/> Fire Prevention	<input type="checkbox"/> Fund Raising	<input type="checkbox"/> Health
<input type="checkbox"/> History	<input type="checkbox"/> Mechanics	<input type="checkbox"/> Recruiting
<input type="checkbox"/> Complaints	<input type="checkbox"/> Public Relations	<input type="checkbox"/> Other _____

Criminal Convictions

Have you ever been convicted of a felony or misdemeanor: Yes No
If yes, please explain. If necessary, you may discuss this subject during the interview:

Certification and Signature

I certify that all answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application. I also authorize a complete background investigation including a criminal check. In the event of acceptance of membership, I understand that false or misleading information given in my application or interview(s) may result in removal from membership. I understand that I am required to abide by all published and inherent rules, by-laws and regulations of the Marshall Township Volunteer Fire Department.

I have never been convicted of an offense that constitutes the crime of "arson and related offenses" under PA C.S.S. 3301 or any similar offense under Federal or state law. I hereby certify that the statements contained herein are true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statement herein, I am subject to penalties prescribed by law, including, but not limited, a fine of at least \$1,000.

Signature of Applicant:

_____ Date: _____

Signature of Parent / guardian (if applicant under 18)

_____ Date: _____

Applicants under age 18 must also obtain a work permit.

A person convicted of violating this section or any similar offense under federal or state law shall be prohibited from serving as a firefighter in this commonwealth and shall be prohibited from being certified as a firefighter under section 4 of the act of November 13, 1995 (P.L. 604, No. 61) known as the State Fire Commissioner Act.

We consider applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, marital status, or any other legally protected status. Applicants requiring assistance in the application process should contact the Marshall Township Volunteer Fire Department (MTVFD).