Bonneauville Community Fire Company, Inc. #19
10 Elm Avenue, Gettysburg, Pennsylvania 17325
Phone: 717-334-5636 Fax: 717-334-7220
www.bonneauvillefd.org

Application for Senior Membership

Date: _____

Name: _____
First Middle Last

Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

Age: _____ Date of Birth: _____

Social Security Number: _____

Emergency Contact: _____ Phone: _____

Place of Employment: _____

Other Civic Organizations: _____

_____

References:

1) _____ Phone: _____

2) _____ Phone: _____

3) _____ Phone: _____

Are you interested in running ambulance calls?	YES	NO
Are you interested in being in the Fire Police?	YES	NO
Are you able to leave work to answer alarms?	YES	NO
Are you willing to partake in the civil and social activities of the Fire Company? (Bingo, Banquet, Etc.)	YES	NO

I the undersigned, hereby respectfully submit my application for (6) six months probationary membership in the Bonneauville Community Fire Company. I hereby declare the above information to be true to the best of my knowledge and I am, at the present time, in sound mental and physical health. If I am accepted for membership, I will abide by the rules and regulations set forth in the By-Laws and Constitution of the Bonneauville Community Fire Co., and I will answer alarms or assist in any way I am able, whenever it is possible for me to do so. I further understand that at the end of my (6) six month probation, my application will be reviewed by the Fire Company, and if I have been active in the functions of the Company, I will then receive my full membership.

Signature of Applicant: _____

*** Applicant fully understands that any traffic violations or fines received for such will not become the responsibility of the Fire Company. When responding to calls, members, even when using warning lights, must adhere to all traffic laws.

Investigating Committee

We Recommend Applicant: YES NO Date Accepted/Rejected: _____