

# MMPW MEMBERSHIP APPLICATION

## Mercersburg, Montgomery, Peters and Warren Volunteer Fire and Ambulance Company

132 North Main Street  
Mercersburg, PA 17236  
(717) 328-3727

Mercersburg, Montgomery, Peters and Warren Volunteer Fire and Ambulance Company ("MMP&W") considers applications for membership/employment without regard to race, color, religion, sex, national origin, age, disability, veteran status, citizenship, ancestry, political belief, or any characteristic protected by law. **MMP&W IS A DRUG-FREE WORKPLACE.** Applicants must be 18 years of age or older, unless applying for a Junior membership.

Type of **Membership** Applied for:

Active Fire and/or EMS       Fire Police       Junior       Social / Fundraising

**PLEASE PRINT**

### PERSONAL INFORMATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Last) (First) (Middle)

Social Security #: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Borough/Township: \_\_\_\_\_ Cell Phone Carrier: \_\_\_\_\_

Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_ Are you at least 18 years of age? **YES NO**

Please list any physical disabilities you may have: \_\_\_\_\_

List any club or organizations you are a member of: \_\_\_\_\_

Have you ever been a member or employee of MMP&W or any other ambulance, fire company or public safety organization in the past? If so, indicate the name and location of the company, dates of membership/employment and reason for leaving: \_\_\_\_\_

Below, please list any training, certifications or experience that is fire department related. If you hold you hold EMT/Paramedic, CPR or First Aid certifications, please submit a copy along with your application. All others, please list; copies will be obtained at a later time.

<b>Certifications</b>	<b>Certification Number</b>	<b>Expiration Date</b>	<b>Certifying Agency</b>
<b>EMT / EMP-P (Circle One)</b>			
<b>CPR</b>			

EMS / FIRE SERVICE RELATED TRAINING NOT LISTED ABOVE: \_\_\_\_\_

What motivated you to apply for membership with MMP&W? \_\_\_\_\_

Person to contact in case of an emergency: \_\_\_\_\_

Name

( )

Relationship

Phone Number

Sponsor Signatures (any current (active) member of MMPW): Date Presented: \_\_\_\_\_

Date voted on: \_\_\_\_\_

1. \_\_\_\_\_

Results: \_\_\_\_\_

2. \_\_\_\_\_

Date Voted Off Probation: \_\_\_\_\_

New Status: \_\_\_\_\_

Applicant's Signature

Signature of Parent or Legal Guardian (if under 18): \_\_\_\_\_

This document is subject to change without prior notice.

Upon approval of your application, the membership committee will contact you to set up a date and time to familiarize yourself with our department.

**PLEASE ATTACH A \$5.00 APPLICATION FEE. ALSO INCLUDE RECENT COPIES OF CRIMINAL BACKGROUND CHECKS, CHILD ABUSE CLEARANCE AND FINGERPRINTS. THESE CAN BE OBTAINED AT THE FOLLOWING WEBSITES:**

<https://www.identogo.com>

<https://keystonelogin.pa.gov>

**We encourage you to attend our regular monthly meeting on the last Thursday of every month at 7:30 pm in the MMPW Activity Center located behind the fire station.**

**Thank you for your interest in our organization!**

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_