

**RIDGWAY FIRE DEPARTMENT, INC.**  
**APPLICATION FOR MEMBERSHIP**  
**(Please Print)**

NAME \_\_\_\_\_ S.S. # \_\_\_\_\_

ADDRESS \_\_\_\_\_

AGE \_\_\_\_\_ SEX \_\_\_\_M\_\_\_\_F \_\_\_\_ SINGLE \_\_\_\_ MARRIED PLACE OF EMPLOYMENT \_\_\_\_\_

WHERE YOU EVER A FIREFIGHTER? \_\_\_\_\_ WHERE? \_\_\_\_\_ HOW LONG? \_\_\_\_\_

DO YOU BELONG TO ANY FIRE DEPARTMENT? \_\_\_\_\_ WHERE? \_\_\_\_\_

When you become a firefighter will you attend regular company meetings, attend all fires possible, and take active part in all activities of the Fire Department? YES \_\_\_\_\_ NO \_\_\_\_\_

**HAVE YOU EVER BEEN CONVICTED OF A FELONY? \_\_\_\_\_ YES \_\_\_\_\_ NO**

**NOTE\*\*\*\*\*A POLICE BACKROUND CHECK WILL BE CONDUCTED! \*\*\*\*\*NOTE**

Do you have or have you ever been treated for: Abnormal blood pressure? \_\_\_\_ Yes \_\_\_\_ No  
Any heart condition and/or heart attack? \_\_\_\_ Yes \_\_\_\_ No Epilepsy or mental or nervous ailment? \_\_\_\_ Yes \_\_\_\_ No  
Any other disability or handicap? \_\_\_\_ Yes \_\_\_\_ No If so explain. \_\_\_\_\_  
Any Drug and/or Alcohol dependency? \_\_\_\_ Yes \_\_\_\_ No

**Training required to retain active Membership in the Fire Department is Ten (10) Hours on Members Company Apparatus within Six (6) Months and you must receive a certificate in Fundamentals in Firefighting within a Two (2) Year period.**  
**IS THE ABOVE STATEMENT ON TRAINING THOROUGHLY UNDERSTOOD? \_\_\_\_ YES \_\_\_\_ NO**

**I hereby certify that the answers to above questions are true and any falsification of same will result in automatic dismissal from and void all liability of The Ridgway Fire Department and Ridgway Fireman's Relief Association.**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ PHONE# \_\_\_\_\_

**18 TO 21 YEAR OLD OATH**

**I, the undersigned, do hereby agree to obey the liquor laws of Pennsylvania by not consuming any Alcoholic Beverages during any Ridgway or other fire department function. If caught doing so, I will be expelled from the department.**

SIGNED \_\_\_\_\_

Name of \_\_\_\_\_ Presented by \_\_\_\_\_

Date application rec'd \_\_\_\_\_ Name of Secretary \_\_\_\_\_

Membership desired in what company? \_\_\_\_\_

**APPLICANT MUST PASS PHYSICAL EXAMINATION BEFORE ACCEPTANCE.**

**APPLICANT MUST BE APPROVED BY COMPANY MEMBERSHIP.**

**APPLICANT IS RESPONSIBLE FOR MAINTAINING UP TO DATE BENEFICIARY CARDS.**

INVESTIGATING COMMITTEE NOTES: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Copy to Company Secretary  
Copy to Relief Association Secretary

ACCEPTED \_\_\_\_\_ REJECTED \_\_\_\_\_