

# CANTON VOL. FIRE DEPARTMENT

INNES HOSE COMPANY  
PO BOX &@  
CANTON, PA 17724-0072

## APPLICATION FOR MEMBERSHIP

PLEASE PRINT

Name (First, M.I., Last): \_\_\_\_\_ S.S.# \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Home): \_\_\_\_\_ (Work) \_\_\_\_\_ Email \_\_\_\_\_

Drivers Lic.#: \_\_\_\_\_ State \_\_\_\_\_ Class \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Employed By: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Contact: \_\_\_\_\_ Shift: \_\_\_\_\_

Type of Membership Requested:  Firefighter  Fire Police  Social

When are you available:  Day  Evening  Night  Weekends

Are you a current or past member of a fire dept., rescue team and/or ambulance service:  Yes  No

If Yes: Company Name \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Contact: \_\_\_\_\_

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

*I certify the above information to be accurate as of the date of my signature  
I authorize the Canton Fire Department / Innes Hose Company to complete a background check.*

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

The Canton Fire Department / Innes Hose Company does not discriminate on the basis of age, ability, sex, race, political affiliation or national origin.

\*\*\*\*\**For Fire Dept. Use Only*\*\*\*\*\*

Proposed for membership by: \_\_\_\_\_

Application Fee: \$ \_\_\_\_\_ Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Interview Committee: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

Committee Action:  Accept  Reject Date: \_\_\_\_\_

Final Action :  Accept  Reject Date: \_\_\_\_\_