

**PLEASANT MOUNT EMERGENCY SERVICES**  
**MEMBERSHIP APPLICATION**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

email: \_\_\_\_\_

Soc Sec #: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License No.: \_\_\_\_\_ State: \_\_\_\_\_

Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_

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

Phone: \_\_\_\_\_

If pre-arranged with employer, can you respond to emergency calls? \_\_\_\_\_

Have you even been convicted of a crime? \_\_\_\_\_ If yes, please explain:

Are you presently a member of a Fire/Ambulance Companies? \_\_\_\_\_ If yes, please list:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Have you ever belonged to any other Fire/Ambulance Companies? \_\_\_\_\_ If yes, please list:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you have any fire fighting/emergency medical experience? \_\_\_\_\_ If yes, please list and provide a copy of the credentials with this application:

1 \_\_\_\_\_

3 \_\_\_\_\_

2 \_\_\_\_\_

4 \_\_\_\_\_

5. EMT Certification No. \_\_\_\_\_ State: \_\_\_\_\_

6. First Responder No. \_\_\_\_\_ State: \_\_\_\_\_

Primary Areas of Interest: (Check those that apply.)

\_\_\_\_\_ Fire Fighting

\_\_\_\_\_ Rescue

\_\_\_\_\_ Fire Police

\_\_\_\_\_ Ambulance

\_\_\_\_\_ Auxiliary

continued →

Please explain briefly why you wish to join the Pleasant Mount Emergency Services Co.:

---

Please list two personal references other than immediate family members:

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

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

I, \_\_\_\_\_, understand that Pleasant Mount Emergency Services Co. will verify any and all information supplied by me on this application for membership. In addition, Pleasant Mount Emergency Services is hereby authorized to order a criminal background check to be performed by the Susquehanna County Sheriff's Office.

All information supplied on this application is true and accurate to the best of my knowledge. I understand that any falsified information supplied on this application for membership may be cause for immediate rejection of this application.

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

The annual membership dues are \$6.00 per year. The first years's dues MUST accompany this application. Should this application for membership be rejected, the dues received with this application are refundable.

Membership applied for: \_\_\_\_\_ ACTIVE \_\_\_\_\_ CONTRIBUTORY

First year's dues attached: \_\_\_\_\_ YES \_\_\_\_\_ NO

Sponsor 1: \_\_\_\_\_ Sponsor 2: \_\_\_\_\_

<><><><><><><> DO NOT WRITE BELOW THIS LINE <><><><><><><>

Application Status: \_\_\_\_\_ Accepted \_\_\_\_\_ Rejected Date: \_\_\_\_\_

Committee Recommendations:

---

---

---

		Approval YES	Initial NO
President:	_____	_____	_____
Chief:	_____	_____	_____
Ambulance Captain	_____	_____	_____
Fire Police Captain	_____	_____	_____