

Allegheny Fire Department Members with Restrictions Application

_____	_____	_____	_____
Name	First	Middle	Last
_____	_____		
Phone Number	Birth date		
_____	_____	_____	_____
Address	City	State	Zip code

Email Address			



Do you have your parent's permission to apply to be a Member with restrictions?

Yes or No

- a) Parent/Guardian Name _____
- b) Phone Number _____
- c) Address _____

Emergency Contacts

- 1) Name _____
Phone Number _____
Relation _____
- 2) Name _____
Phone Number _____
Relation _____

Medical Information

- a) Doctor _____
- b) Phone Number _____
- c) Insurance _____
- d) Medical Conditions _____
- e) Allergies: _____
- f) Do you take any medication? Yes or No
- g) If Yes, list the medication and what condition it is for:

Background Information

(A background check will be done as well; a felony will prevent anyone from becoming a member with restrictions of the Allegany Engine Company)

a) Have you ever been arrested, ticketed, fined, etc.? Yes or No
(Felonies, traffic tickets, misdemeanors, etc.)

b) If Yes, please list the date(s) and what the charge(s) was/were:

Additional Information

1. What interests you the most about becoming involved as a member with restrictions of the Allegany Engine Company?

2. Please list other activities, in detail, that you are involved in (sports, volunteer work, church, etc):

Applicant Signature and Date

Parent/Legal Guardian Signature and Date

Allegany Engine Company use:

Allegany Fire Chief Approval

Allegany Members with Restrictions President Approval

Allegany Members with Restrictions Vice President Approval