# *The Ohio Township Volunteer Fire Company*

***of Allegheny County***

1520 Roosevelt Road
Pittsburgh, PA 15237

Phone: (412) 366-2545
Fax: (412) 367-4182


## APPLICATION FOR ASSOCIATE MEMBERSHIP

Name _____ Social Security No. _____

Address _____ Phone No. _____

_____ Date of Birth _____ Age _____

Height _____ Weight _____ Sex _____ Married _____ Dependents _____

1. Are you a resident of Ohio Township? *(circle one)* yes no

   If not, what municipality? _____ Length of residence_____

2. Occupation _____

3. What turns do you work?_____

4. How long have you been employed at your present position? _____

5. Do you have any physical defects or ailments? *(circle one)* yes no

6. Have you ever been convicted of a crime? *(circle one)* yes no

7. Did you ever belong to any branch of the Armed Services? *(circle one)* yes no

8. Will you attend training sessions as designated by the Fire Company? *(circle one)* yes no

9. Are you willing and able to make fire runs? *(circle one)* yes no

***Any person signing this application should be fully aware of the duties and danger inherent in the firefighting service.***

SPONSOR_____

Signature of Applicant

Accepted: _____

Rejected: _____

Sworn in: _____

***If requested, a copy of a recent medical-physical examination may need to accompany this form. (Recent is defined as one year)***

***Established 1946***