

SHOHOLA TOWNSHIP VOLUNTEER
FIRE & RESCUE
MEMBERSHIP APPLICATION

Name _____ DOB _____

Street Address _____ Phone # _____

Town _____ State _____ Zip _____

Mailing Address If Different From Above

Valid Driver's License # & State of Issuance _____

Have You Ever Been A Member Or Filed An Application With This Organization Before? (Please Indicate Year):

Yes _____ No _____ Year _____

Are You Currently Certified In CPR? Yes _____ Years Exp _____ No _____

Have You Ever Been A Member Of A Fire Dept? Yes _____ No _____

If So Where And When _____

Why Did You Leave? _____

Do We Have Your Permission To Inquire Regarding Your Record There?

Yes _____ No _____

If You Are Currently Certified At Any Level Of Firematics Or EMS Please List Here And Provide All Copies Of Current Certificates With This Application: _____

EMPLOYMENT REFERENCES

Present Employer _____ Phone# _____
Address _____ Position _____

PERSONAL REFERENCES

Please List The Names, Addresses & Phone #s Of Three References We May Contact, With Whom You Do Not Live, Are Not Related To & Have Known For At Least Two Years:

#1 Name _____ Address _____
City _____ State _____ Zip _____ Phone# _____
#2 Name _____ Address _____
City _____ State _____ Zip _____ Phone# _____
#3 Name _____ Address _____
City _____ State _____ Zip _____ Phone# _____

PAST HISTORY

Date Of Last Physical _____ Doctor _____
City _____ State _____ Phone# _____

Do You Have Any Physical Limitations? Yes _____ No _____

If So Please Explain _____

Have You Ever Been Arrested &/or Convicted Of A Felony, Misdemeanor Or Traffic Violation That Incurred Points On Your License? Yes _____ No _____
If So Please List The Charge, Date, State and Outcome; _____

Person(s) To Notify In Case Of Accident Or Injury; (Name & Phone)
1 _____
2 _____

Please Check Area(s) Of Interest Or Qualification;

- Firematics _____ Fire Police _____
- EMS _____ Fundraising _____

AGREEMENT

I hereby attest that all information given on this application is true. I promise, upon becoming a member, that I will abide by the Rules and Regulations of this Organization. I will obey any reasonable request or order given by any superior officers. I will preserve and protect any and all property belonging to this Organization including any personal gear that is issued to me. I promise to return all property issued to me upon the request of an Officer or upon termination of my membership. I also agree to work Bingo at least once a month once I am accepted as a probationary member.

I hereby give my permission to the Shohola Township Volunteer Fire & Rescue Inc. to verify the information submitted and to have the Pennsylvania State Police perform a Criminal Background Check on me.

Information Required: Social Security # _____

Any Aliases or Maiden Name _____

SIGNATURE OF APPLICANT _____ DATE _____

If you are under the age of eighteen (18), the signature of your parent or guardian is required as well as a copy of your working papers;

PARENT/GUARDIAN SIGNATURE _____ DATE _____

SPONSOR:

I hereby recommend the above applicant for membership;

Signature _____ Date _____

Comments: _____

-
- Elected one year probation _____ Date _____
 - Elected to junior membership _____ Date _____
 - Elected to full membership _____ Date _____
 - Dues paid _____ Date _____
 - Suspended _____ Date _____

Reason _____

- Expelled _____ Date _____

Reason _____

