

Shohola Township Volunteer Fire & Rescue, Inc.

MEMBERSHIP APPLICATION

Name: _____

Street Address: _____ City/Town: _____

State: _____ Zip Code: _____

Mailing Address if different from Street Address: _____

Email Address: _____

Do you have a valid drivers license ? **YES / NO** If you answered YES, please attach a legible copy of your drivers license.

Have you ever filed an application with this organization before? If yes, please indicate approximate year.
YES / NO Year _____

Have you ever been a member of a paid or volunteer fire company before? If YES, please indicate name and address of fire company, the telephone number, position(s) held and length of service -
YES / NO

Name/Address: _____

Position(s) Held: _____

Date of Membership (start/end): _____

Did you leave as a Member in Good Standing: **YES / NO** If NO, please explain:

If you are certified at any level of firematics, please list here with dates of completion: _____

EMPLOYMENT

Present Employer: _____ Phone # _____

Address: _____ Position: _____

Date Hired: _____

PERSONAL REFERENCES

PLEASE LIST THE NAMES, ADDRESS AND TELEPHONE NUMBERS OF THREE REFERENCES THAT WHO WE MAY CONTACT, WITH WHOM YOU DO NOT LIVE, ARE NOT RELATED TO AND / OR HAVE KNOWN FOR AT LEAST 2 YEARS.

1. Name: _____ Address: _____

City/State: _____ Phone #: _____

2. Name: _____ Address: _____

City/State: _____ Phone #: _____

3. Name: _____ Address: _____

City/Sate: _____ Phone #: _____

PAST HISTORY

Do you have any physical limitations which might affect the ability to do the job you have applied for?
NO / YES Explain :

Have you ever been arrested and/or convicted of a felony or misdemeanor crime, including a traffic violation?
If yes, pleaser list the charge, the date you were charged, the State in which you were charged and the outcome.
NO / YES _____

Person(s) to notify in case of accident or injury.

1. _____

2. _____

Please check area(s) of interest: (you may check more than one)

FIREMATICS _____

FIRE POLICE _____

EMERGENCY MEDICAL SVC _____

FUNDRAISING _____

AGREEMENT

I hereby attest that all information given on this application is true. I understand that any false or misleading information given on this application may result in the rejection of my application or terminate my membership in the SHOHOLA TOWNSHIP VOLUNTEER FIRE & RESCUE INC. I promise, that upon becoming a member, that I will abide by the Rules and Regulations of this Organization as may exist now or be formed in the future. I will obey any reasonable request or orders given by my 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 agree to work Bingo at least once a month once I am accepted as a probationary member of the Organization.

I hereby give permission to the SHOHOLA TOWNSHIP VOLUNTEER FIRE AND RESCUE, INC. to verify the information submitted and to have the Pennsylvania State Police perform a Criminal Background Check for which I will submit the appropriate fee. (See attached and complete the area that is highlighted.)

Signature of Applicant: _____ Date: _____

If you are under the age of eighteen (18), we require the signature of your parent or guardian, along with a copy of your working papers.

Parent/Guardian Signature: _____ Date: _____

SPONSOR:

I hereby recommend the above applicant for membership:

Signature : _____ Date: _____

Comments regarding applicant: _____

← Elected one (1) year probation _____ Date: _____

← Elected to junior membership (under 18) _____ Date: _____

← Elected to full membership _____ Date: _____