

Loyalsock Volunteer Fire Co. No. 1

715 Northway Rd, Williamsport, Pa. 17701
Phone: 570-323-3602 Website: www.station18.org

Membership / Live-in Application

Position Applied for (Check 1): General Membership: _____ Explorer: _____ Live-in: _____

Date: _____ Company Number Assigned: _____ If under 18 working papers: Y: _____ N: _____

General Information

Name: _____ DOB: _____ Age: _____
(print) Last First MI

Home Address: _____
Street City State

Additional Address: _____
County Zip

Phone Numbers: Home: _____ Cell: _____ Social Security No. _____

Email Address: _____ Marital Status: _____

Spouse: _____ Phone: _____

Children/DOB: _____

Occupation: _____ Employer's Name: _____

Employer Address: _____ Phone: _____

Activity Information

What are you looking to do: Firefighting: _____ EMS: _____ Fire Police: _____ Fundraising/Other: _____

Previous Training: Fire: _____ EMS: _____ EMT Cert #: _____ Exp. _____
(Provide copy) (Provide Copy)

Are you a member of another department: _____ if yes what department: _____

Chief: _____ Phone: _____

Driver / Vehicle / Education Information

Driver's License No: _____ State: _____ Exp. _____ License Plate: _____
Attach copy

Make: _____ Model: _____ Color: _____ Auto Insurance Co: _____

H. S. Attended: _____ Highest Grade Completed: _____

College Attended: _____ Degree: _____

Health Information

Physicians Name: _____ Phone: _____

Do you have any health / Physical conditions that would interfere with you providing emergency service?

Explain: _____

Date of last physical exam: _____ Blood Type: _____ Do you wear glasses: _____ Contacts: _____

Are you taking any medications: _____ List: _____

In case of emergency notify: _____ Phone: _____

Background and Criminal History

Have you ever been Arrested: _____ Plead Guilty: _____ Convicted: _____ of a crime?
(Include summaries, misdemeanors, felonies and traffic arrests) Explain?

Details: _____

References – List 3 names not related to you that have known you for more than 3 years!

Name Years known

Address Phone

Name Years Known

Address Phone

Name Years Known

Address Phone

I authorize the Loyalsock Volunteer Fire Co to perform a criminal back ground check on my behalf or I may be required to complete such forms to include the same information regarding my past criminal history as a requirement for membership. I also authorize the Loyalsock Volunteer Fire Co. to contact my references as part of my past character makeup.

I understand that if I'm accepted as a regular or a live in member of the Loyalsock Volunteer Fire Co that I must abide by the all the rules, regulations and guidelines set forth in the trustee manual, Bylaws, Constitution, and the Live-in guidelines (live-ins only).

Signature: _____ Date: _____

I authorize the Loyalsock Vol fire company to utilize my email address as an official means of communications: Yes: _____ No: _____

Email to use: _____

Official Use only below

(Application Received)

(Applicant Contacted)

(Additional Attempt)

(Additional Attempt)

(1st Regular meeting)

(Membership Meeting)

(Executive Meeting)

(2nd Regular Meeting)

New Member Book Given: Date: _____ Background Check Done: Date: _____ Pass Fail

Key Card Given By: _____ Date: _____

Approval Date: _____ Off Probation: _____ Life Membership: _____ Gold Card Issued: _____

Years Lost: _____ Removed from Rolls: _____ Service Year Pins: _____

Additional Information: _____