

Jefferson Township Volunteer Fire Company
 405 Cortez Road, Mt. Cobb, Pa. 18436
 Station: 570-689-2829
 Fax: 570-689-9403
 www.29FireRescue.com
 jtvfc3529@echoes.net



President – Richard G. Sadowski

Fire Chief – Jamie Wallace

Application for Membership

Name: _____ Age: _____ Date of Birth: ____ - ____ - ____
 Address: _____ City: _____ Zip: _____
 Drivers License #: _____ Social Security #: ____ - ____ - ____
 Telephone #: _____ E-Mail Address: _____

Membership Type

*Please choose **one** category of membership. New-Membership fee of \$5.00 applies to all categories.*

- Active Fire Fighter Membership Active Fire Police Membership
 Active Membership Active Junior Membership Social Membership

If under the age of 18, working papers and parent/guardian consent must accompany this application

Signature of Parent/Guardian: _____ Date: ____/____/____

Previous Experience

Have you ever been a member of any volunteer or paid Fire and/or EMS department before? Yes No **If yes, list below:**

Company Name: _____ Location: _____ # Years Present: _____

Company Name: _____ Location: _____ # Years Present: _____

Training: None EVOC CPR First-Aid First Responder EMT Paramedic Essentials of FF FF1 FF2
 BVR Hazmat Awareness (R&I) Hazmat Operations Other: _____

Personal References:

	Name	Address	Phone #	Years Known
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Have you ever applied for membership to us before? Yes No **If yes, when:** _____

Have you ever been convicted of a felony? Yes No **If yes, what:** _____

Do you have any type of medical condition? Yes No **If yes, what:** _____

By signing this application, I promise, if accepted, to adhere to the By-Laws, Constitution, and Standard Operating Guidelines (SOGs) of the Jefferson Township Volunteer Fire Company. I also understand that my \$5.00 membership fee is nonrefundable. I have never been convicted of an offense that constitutes the crime of "arson and related offenses" under 18 Pa.C.S. § 3301 or any similar offense under any Federal or State law. I hereby certify that the statements contained herein are true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statement herein, I am subject to penalties prescribed by law, including, but not limited to, a fine of at least \$1,000.

Applicants Signature: _____ Date: ____/____/____

For Use by the Membership Committee Only:

Date Application Submitted: ____/____/____	Working Papers Received (if under 18): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Date Membership Fee Received: ____/____/____	\$5.00 Membership Fee Received: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Background Check: ____/____/____	Background Check Results: <input type="checkbox"/> Clean <input type="checkbox"/> History
Date Driving Record Received: ____/____/____	Driving Record Results: <input type="checkbox"/> Clean <input type="checkbox"/> History <input type="checkbox"/> N/A
Date ASAP Received: ____/____/____	ASAP Results: ____ <input type="checkbox"/> N/A
Date of Committee Interview: ____/____/____	Recommended Action: <input type="checkbox"/> Approval <input type="checkbox"/> Denial
Date of Membership Action: ____/____/____	Final Action Taken: <input type="checkbox"/> Approval <input type="checkbox"/> Denial
Date of Probation Expiration: ____/____/____	Probation Action: <input type="checkbox"/> Active Status <input type="checkbox"/> Extend Probation: ____ months