

5474 Charter Oak Road
Petersburg, Pennsylvania 16669



(814) 667-3827

Membership Application

Section One – PERSONAL Information

Name: _____

Date: _____

Spouse: _____

Emergency Contact: _____

Address: _____

DOB: _____

Sex: M F

E-mail: _____

Phone: (H) _____

Phone: (W) _____

Social Security #: _____

Driver's License #: _____

Section Two – Previous Training List all related training, attach certified copies, verification of training may be required

Description	Date	Hours	State Certified (by whom)

Section Three – References

Please list three references that are not relatives. List name and phone number for each of them.

1. _____

2. _____

3. _____

Section Four – Questionnaire

1. Have you ever held a membership with **any** other Emergency Agencies? **Yes** **No** **N/A**

If yes, where? _____

Has that membership been withdrawn for disciplinary reasons or suspension? **Yes** **No** **N/A**

If yes, then list reasons. _____

2. Have you ever held an elected office or appointed office in an Emergency Agency? **Yes** **No** **N/A**

If yes, list all that apply. _____

3. Do you have any health problems that would affect your service to this organization? **Yes** **No** **N/A**

If yes, list all. _____

4. Have you ever been convicted of a felony crime? **Yes** **No** **N/A**

5. Have you ever been convicted of a DUI in the past five years? **Yes** **No** **N/A**

6. Have you lost your license to drive for **any** reason in the past five years? **Yes** **No** **N/A**

If yes, why? _____

7. Please list any moving violations in the past two years. (List nature & date). _____

8. What other skills do you have that you feel would benefit this organization? _____

Section Five – Applicant’s Signature

I, the undersigned, agree that the above information I have provided is true to the best of my knowledge. Furthermore, I understand that the above information may be checked under criminal background, and that any references that I have listed may be contacted for verification. It is also understood that no keys, gear or any other fire company property will be issued to me until this application is approved and any additional qualifications have been satisfied.

Applicant Signature: _____

Date: _____

Section Six – Fire Company Use Only

The Shavers Creek Valley Community Volunteer Fire Company members and its Board members reserve the right to accept and reject any and all applications for membership based on all or part of the information provided within this application. Upon acceptance or rejection of membership, the applicant will be notified in a timely manner.

Approved for membership by majority vote

Membership denied by majority vote