



Shohola Township Volunteer Fire & Rescue Inc. Membership Application

MONTHLY MEETINGS ARE HELD ON THE FIRST MONDAY OF EVERY MONTH AT 7:00 PM. IN ORDER TO BE ACCEPTED INTO THE ROLE OF PROBATIONARY MEMBER, ALL APPLICANTS MUST BE PRESENT AT THE MONTHLY MEETING. PLEASE BE PRESENT AT THE MEETING LOCATED AT SHOHOLA STATION 1 325 ROUTE 434 SHOHOLA, PA 18458 BY 6:45 PM.

Name: _____ Date of Birth: _____

Home Address:

Address: _____ City: _____ State: _____ Zip: _____

Mailing Address (If different than home address):

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Mobile Phone: _____

E-Mail Address: _____

Driver's License Number: _____ DL State: _____

Please check areas of interest:

- | | | | |
|--|--|--|--------------------------------------|
| <input type="checkbox"/> INTERIOR FIREFIGHTING | <input type="checkbox"/> EXTERIOR FIREFIGHTING | <input type="checkbox"/> APPARATUS OPERATION | <input type="checkbox"/> FIRE POLICE |
| <input type="checkbox"/> EMS | <input type="checkbox"/> SEARCH & RESCUE | <input type="checkbox"/> HAZMAT | <input type="checkbox"/> FUNDRAISING |

Have you ever been a member of Shohola Township Volunteer Fire & Rescue before?

YES If yes, when _____ NO

Have you ever been a member of a Fire Department?

YES If yes, where & when _____ NO

List any current certifications at any level of firematics, EMS, HAZMAT, etc. Please provide current certifications with this application either by emailing to info@shoholafd.com or at the probationary introduction:

List three (3) references in which you do not live with, are not related to, and have known personally or professionally for at least two (2) years:

Reference 1 Name & Phone #: _____

Reference 2 Name & Phone #: _____

Reference 3 Name & Phone #: _____

Present Employer: _____ Work Phone: _____

Do you have any physical limitations? YES NO

Have you ever been arrested & convicted of a felony, misdemeanor or traffic violation resulting in points on your driver's license? YES NO

List two (2) Emergency Contacts in case of accident or injury:

Emergency Contact Name & Phone #: _____

Emergency Contact Name & Phone #: _____

AGREEMENT

I hereby attest that all information given on this application is true. I promise, upon becoming a member of Shohola Township Volunteer Fire & Rescue, that I will abide by the Rules and Regulations of the organization. I will obey any reasonable request or order given by any superior officer. I will preserve and protect any & all property issued to me by this organization, including but not limited to, turnout gear, tools, personal gear and apparel & equipment. I promise to return any & all property issued to me by the organization upon request of an officer or termination of membership. I hereby give Shohola Township Volunteer Fire & Rescue permission to verify all information submitted on this application. I hereby give Shohola Township Volunteer Fire & Rescue permission to perform a criminal background check to verify information submitted on this application.

SIGNATURE OF APPLICANT: _____

PRINT NAME: _____

DATE: _____

If you are under the age of 18, a parent or legal guardian is required to sign as well.

PARENT/GUARDIAN SIGNATURE: _____

PRINT NAME: _____

DATE: _____

FOR DEPARTMENT USE ONLY

SPONSOR:

I HEREBY RECOMMEND THE ABOVE APPLICANT FOR MEMBERSHIP

SIGNATURE OF SPONSOR: _____

PRINT NAME: _____

DATE: _____

POSITION: _____

COMMENTS: _____

ELECTED TO ONE (1) YEAR PROBATIONARY MEMBERSHIP DATE: _____

ELECTED TO JUNIOR MEMBERSHIP DATE: _____

ELECTED TO FULL MEMBERSHIP DATE: _____