



Shohola Township Fire & Rescue Inc. Membership Application

MONTHLY MEETINGS ARE HELD ON THE FIRST MONDAY OF EVERY MONTH AT 8:00 PM. IN ORDER TO BE ACCEPTED INTO THE ROLE OF PROBATIONARY MEMBER, ALL APPLICANTS MUST BE PRESENT AT THE MONTHLY MEETING. PLEASE ATTEMPT TO BE PRESENT AT THE MEETING LOCATED AT SHOHOLA STATION 1 (325 ROUTE 434 SHOHOLA, PA 18458) BY 7:30 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 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: _____