

SHEPPTON-ONEIDA VOLUNTEER FIRE COMPANY
P.O. Box 275 900 CENTER STREET
SHEPPTON, PA 18248
EAST UNION TOWNSHIP
PHONE/FAX: (570)384-4746
E-MAIL: SOVFC@SHEN-HGTS.NET
WWW.SOVFC.COM

APPLICATION FOR ACTIVE MEMBERSHIP

Demographic Information

Last Name: _____ First Name: _____ MI: _____

Address: _____ City: _____ State: _____

Phone Number: _____ D.O.B.: _____ Age: _____

Driver's License Number: _____ Social Security Number: _____

List any medical conditions that you may have that may interfere your ability to serve as a firefighter or non-firefighting member of the Sheppton-Oneida Volunteer Fire Company:

List any criminal convictions that you may have:

List any other emergency service organizations that you are affiliated with:

List any emergency service training that you have completed:

List activities that you wish to participate in the Sheppton-Oneida Volunteer Fire Company (emergency response, fundraising, administration, etc.)

Emergency Contact:

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____

Zip Code: _____ Phone Number: _____

Personal References:

1. Name: _____ Relationship: _____

Address: _____ City: _____ State: _____

Zip Code: _____ Phone Number: _____

2. Name: _____ Relationship: _____

Address: _____ City: _____ State: _____

Zip Code: _____ Phone Number: _____

3. Name: _____ Relationship: _____

Address: _____ City: _____ State: _____

Zip Code: _____ Phone Number: _____

Fire Company Sponsors:

1. Name: _____ Title: _____

Signature: _____

2. Name: _____ Title: _____

Signature: _____

Disclaimer

I certify that the above information is true and accurate to the best of my knowledge. I understand that failure to disclose any of the above information may affect membership in the Sheppton-Oneida Volunteer Fire Company. I am also aware that the Sheppton-Oneida Volunteer Fire Company does not discriminate on the basis of age, sex, race, ethnic origin, sexual orientation, or any other means. I understand that the Sheppton-Oneida Volunteer Fire Company promotes a positive volunteer atmosphere where every member is valued and given opportunity to participate in company affairs. I understand that two (2) active fire company members must sign this application prior to being submitted to the Sheppton-Oneida Volunteer Fire Company. I release authorization for the Sheppton-Oneida Volunteer Fire Company to contact my list of references. I understand that this application is made available for review by the Fire Chief and Assistant Fire Chiefs of the fire company after being submitted to the fire company at a regular meeting and prior to being considered by the membership of the Sheppton-Oneida Volunteer Fire Company at the following meeting. I understand that I will meet with the fire chiefs prior to being considered for membership in the Sheppton-Oneida Volunteer Fire Company and recommendations will be made. I understand that my membership in the Sheppton-Oneida Volunteer Fire Company is also contingent upon my following of the fire company's bylaws, rules of order, and standard operating guidelines which will be made available for review. I understand that this application will be voted upon at the second monthly company meeting after submission and I will be notified of the results. I understand that I will serve a one (1) year probationary period in which I cannot vote for officers or hold office. I understand that any keys, equipment, pagers, and radios remain fire company property and will be returned if my membership is terminated or at the request of the fire chief or company.

Signature: _____ Date: _____

Fire Company Use Only:

Chiefs Meeting Date: _____

Chiefs Present: _____

Recommendations: _____

Date Application Submitted: _____

Date of 1st Meeting Reviewed: _____

Date of 2nd Review: _____

Accepted: _____ Rejected: _____

President's Signature: _____

President's Printed Name: _____