

# **PERSEVERANCE VOLUNTEER FIRE COMPANY**

## **MEMBERSHIP APPLICATION**

### APPLICATION FOR:

- JUNIOR FIREFIGHTER
- FIREFIGHTER
- FIRE POLICE
- DAYTIME FIREFIGHTER
- AUXILIARY MEMBER

### INSTRUCTIONS:

1. PLEASE FILL OUT PAGES 1 THROUGH 6. THE APPLICANT AND SPOUSE (IF APPLICABLE) SHALL SIGN PAGE 6. IF THE APPLICANT HAS ARRANGED A FIRE COMPANY MEMBER AS A SPONSOR, THE SPONSOR SHALL ALSO SIGN PAGE 6. IF UNDER THE AGE OF 18, A PARENT OR LEGAL GUARDIAN IS ALSO REQUIRED TO SIGN PAGE 6. ALL SIGNATURES SHALL BE DATED.
2. THE STATE OF PENNSYLVANIA REQUIRES ALL PERSONNEL WHO COME IN CONTACT WITH CHILDREN TO SUBMIT BOTH A PENNSYLVANIA STATE POLICE BACKGROUND CHECK AND CHILD ABUSE CHECK. ALSO, IF YOU HAVE NOT LIVED IN THE STATE OF PENNSYLVANIA FOR 10 YEARS, YOU WILL NEED TO COMPLETE AN FBI BACKGROUND CHECK AND FINGERPRINTING. PLEASE FOLLOW THE LINKS BELOW TO COMPLETE THESE BACKGROUND CHECKS.

<https://epatch.state.pa.us/Home.jsp>

<https://www.compass.state.pa.us/cwis/public/home>

**P E R S E V E R A N C E  
V O L U N T E E R F I R E C O . N O . 1  
2 6 6 N O R T H S E C O N D S T R E E T  
S O U D E R T O N , P A . 1 8 9 6 4**

**APPLICATION FOR MEMBERSHIP**

**PERSONAL INFORMATION**

- A. NAME: \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)
- B. PHONE NUMBER: CELL \_\_\_\_\_ OTHER \_\_\_\_\_
- C. EMAIL ADDRESS: \_\_\_\_\_
- D. PRESENT ADDRESS: \_\_\_\_\_
- \_\_\_\_\_
- E. HOW LONG HAVE YOU RESIDED THERE? \_\_\_\_\_ YEARS \_\_\_\_\_ MONTHS
- F. PREVIOUS ADDRESSES: 1. \_\_\_\_\_
2. \_\_\_\_\_
- G. DATE OF BIRTH: \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_ SINGLE: \_\_\_\_\_  
MARRIED: \_\_\_\_\_  
SEPERATED: \_\_\_\_\_  
DIVORCED: \_\_\_\_\_

**OPERATOR'S LICENSE INFORMATION**

- A. OPERATOR LICENSE NUMBER: \_\_\_\_\_
- B. ADDRESS ON LICENSE: \_\_\_\_\_
- C. RESTRICTIONS: \_\_\_\_\_ D. CLASSES: \_\_\_\_\_
- E. EXPIRATION DATE: \_\_\_\_\_
- F. LICENSE EVER BEEN SUSPENDED? EXPLAIN IN DETAIL
- \_\_\_\_\_

**EMPLOYMENT INFORMATION**

- A. PRESENT EMPLOYER: \_\_\_\_\_
- B. SUPERVISOR'S NAME: \_\_\_\_\_
- C. TELEPHONE NUMBER: \_\_\_\_\_
- D. NORMAL WORKING HOURS: \_\_\_\_\_ to \_\_\_\_\_
- E. HOW LONG EMPLOYED (MM/YY) : \_\_\_\_\_ to \_\_\_\_\_
- F. PREVIOUS EMPLOYER: \_\_\_\_\_

**SCHOOL INFORMATION (JUNIOR FIREFIGHTER ONLY)**

- A. CURRENT GRADE: \_\_\_\_\_
  - B. CURRENT GRADE AVERAGE: \_\_\_\_\_  
(All Classes Together)
  - C. SCHOOL ATTENDING: SOUDERTON AREA HIGH SCHOOL \_\_\_\_\_  
NORTH MONTCO TECH \_\_\_\_\_  
OTHER \_\_\_\_\_
  - D. COUNSELOR'S NAME: \_\_\_\_\_  
PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_
  - E. NORMAL SCHOOL HOURS: \_\_\_\_\_ TO \_\_\_\_\_
  - F. DO YOU PARTICIPATE IN ANY SCHOOL ACTIVITIES? YES: \_\_\_\_\_ NO: \_\_\_\_\_  
(IF YES, PLEASE LIST THE ACTIVITIES BELOW)
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**EMERGENCY INFORMATION**

- A. IN CASE OF EMERGENCY NOTIFY: \_\_\_\_\_
- B. RELATIONSHIP: \_\_\_\_\_
- C. PHONE NUMBER: \_\_\_\_\_
- D. LIST ANY CHRONIC AILMENTS, PHYSICAL DISABILITES OR PROLONGED ILLNESS.  
LIST ANY DATES OF ILLNESS.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E. FAMILY PHYSICIAN: \_\_\_\_\_  
(NAME)  
\_\_\_\_\_  
(ADDRESS)  
\_\_\_\_\_  
(PHONE)

F. DATE OF LAST PHYSICAL: \_\_\_\_\_

G. PHYSICIAN PERFORMING PHYSICAL: \_\_\_\_\_ PHONE: \_\_\_\_\_

**CRIMINAL HISTORY INFORMATION**

A. HAVE YOU EVER BEEN CONVICTED OF ANY CRIMINAL ACTIVITY? IF SO, LIST THE ARRESTING AGENCY, DATE, NATURE OF THE INCIDENT AND THE FINAL DISPOSITION OF THE INFRACTION. (**DO NOT** INCLUDE MOTOR VEHICLE VIOLATIONS).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. DO YOU HAVE AND PENDING CRIMINAL CHARGES? IF SO, PLEASE EXPLAIN IN DETAIL.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PRIOR FIREFIGHTING EXPERIENCE**

A. HAVE YOU EVER BEEN A MEMBER OF ANY OTHER FIRE COMPANY? \_\_\_\_\_

B. IF SO, NAME OF FIRE COMPANY: \_\_\_\_\_

C. LIST ANY & ALL FIRE FIGHTING CREDENTIALS:

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**SERVICE & CIVIC ORGANIZATIONS**

LIST ANY SERVICE OR CIVIC ORGANIZATION THAT YOU ARE CURRENTLY A MEMBER OF OR HAVE BEEN A MEMBER OF. PLEASE INCLUDE THE DATE YOU JOINED AND, IF APPLICABLE, THE DATE AND REASON OF TERMINATION.

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I, THE UNDER SIGNED, DO HEREBY AFFIX MY SIGNATURE CLAIMING THE INFORMATION CONTAINED HEREIN TO BE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND DO UNDERSTAND THAT ANY MISREPRESENTATION OF FACTS CONTAINED HEREIN WILL RESULT IN AN IMMEDIATE EXPUSLSION FROM THE PERSEVERANCE VOLUNTEER FIRE COMPANY.

WHEREAS, I FURTHER STATE THAT I ACCEPT ANY AND ALL EQUIPMENT DESIGNATED TO ME AS THE EQUIPMENT OF THE PERSEVERANCE VOLUNTEER FIRE COMPANY AND DO FULLY UNDERSTAND THAT THESE ITEMS ARE MY RESPONSIBILITY IN SO MUCH AS THE MAINTENANCE AND GENERAL CARE OF THIS EQUIPMENT IS MY RESPONSIBILITY. I FURTHER UNDERSTAND THAT THIS EQUIPMENT IS TO BE RETURNED IN ITS ENTIRETY UPON MY RESIGNATION OR TERMINATION FROM THE PERSEVERANCE VOLUNTEER FIRE COMPANY.

WHEREAS, I FURTHER STATE THAT I AM AWARE THAT ANY CONSUMPTION OF ANY TYPE OF AN INTOXICATING BEVERAGE AT ANY FUNCTION OF THE PERSEVERANCE VOLUNTEER FIRE COMPANY BEFORE I AM OF LEGAL AGE AND MANDATORY AGE TO CONSUME SAME BEVERAGE WILL RESULT IN THE IMMEDIATE EXPULSION FROM THE PERSEVERANCE VOLUNTEER FIRE COMPANY.

WHEREAS, I DO ATTEST BY MY SIGNATURE THAT I AM AWARE AS MANDATED BY THE BY-LAWS OF THE PERSEVERANCE VOLUNTEER FIRE COMPANY THAT I ATTEND ANY AND ALL PRACTICE SESSIONS AND MEETINGS AS SO CALLED FOR AND THAT I PRESENT MYSELF IN A MANNER OF RESPECT AND DIGNITY TO UPHOLD THE INTEGRITY OF THE PERSEVERANCE VOLUNTEER FIRE COMPANY AT ALL TIMES.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN (IF UNDER AGE 18)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF SPOUSE (IF APPLICABLE)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF SPONSOR

\_\_\_\_\_  
DATE

**RELEASE**

I, THE UNDERSIGNED, DO STATE THAT BY MY SIGNATURE I PERMIT AND AUTHORIZE THE OFFICERS OF THE PERSEVERANCE VOLUNTEER FIRE COMPANY OR WHOMEVER THEY MAY DESIGNATE TO HAVE ACCESS TO AND/OR HAVE RELEASED TO THOSE PERSONS ANY AND ALL INFORMATION REGARDING THE CONTENTS OF THIS APPLICATION.

I DO HEREBY AND FREELY RELINQUISH THE SOUDERTON BOROUGH POLICE DEPARTMENT OF ANY RESPONSIBILITY DURING THEIR INVESTIGATION OF ANY PAST CRIMINAL ACTIVITY AND DO WILLINGLY SUBMIT MY FINGERPRINTS TO THE SOUDERTON BOROUGH POLICE DEPARTMENT FOR BOTH INVESTIGATIVE AND FILE PURPOSES.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS (FIRE COMPANY OFFICER)

\_\_\_\_\_  
DATE