

5474 Charter Oak Road  
Petersburg, Pennsylvania 16669  
[www.shaverscreekfire.com](http://www.shaverscreekfire.com)



(814) 667-3827

## **Membership Application**

### **Section One – PERSONAL Information**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Spouse: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_ E-mail: \_\_\_\_\_  
\_\_\_\_\_ Social Security #: \_\_\_\_\_  
Phone Carrier for Text Alerts \_\_\_\_\_ Phone: (C) \_\_\_\_\_  
Driver's License # \_\_\_\_\_ Emergency Contact Relationship: \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_ Emergency Contact Number: \_\_\_\_\_

### **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Has that membership been withdrawn for disciplinary reasons or suspension?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:** \_\_\_\_\_

**\*\*You Must Submit DHS and PSP Background Check and FBI if not a resident of PA for last 10 years with application.\*\***

**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   
Date Approved: \_\_\_\_\_