



Fleetville Volunteer Fire Company of Benton Township

P.O. Box 6, 58 Firehouse Lane, Fleetville, PA. 18420

info@fleetvillefireco.com • fleetvillefireco.com

Emergency Phone Number 911 • Non-Emergency Phone (570) 945-3139

Member Application

You must supply the PA State Police PATCH Report and Keep Kids Safe Background Check with the application. See Pg. 2.

Personal Information

Last: _____ First: _____ MI: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ E-Mail: _____

Mobile Phone: _____ Carrier: _____

Date of Birth: _____ Driver License: _____ SS #: _____

List any physical or medical limitations that would prevent you from performing the duties of an emergency services member? (Example: back problems, health risks, lifting restrictions, etc).

Military Service: ☐ Active ☐ Reserve ☐ Veteran Which Branch: _____

Employment Information

Employer: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Emergency Contact

Name: _____ Relationship: _____

Home Phone: _____ Mobile Phone: _____

Are you interested in becoming: (Please Check)

☐ Active Member (Firefighter/Fire Police/First Responder) ☐ Support Member (Organizing Events & Fundraisers)

Do you have any previous experience in Emergency Medical Services? If so, do you have Essentials of Firefighting, Emergency Vehicle Operator Course, EMT, or Firefighter I. Please list all emergency medical services training that you may have and provide copies of your certificates to the fire company secretary.

References: *List three personal references*

Name: _____ Phone: _____

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

Name: _____ Phone: _____

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

Name: _____ Phone: _____

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

Parental Consent: *If the applicant is under 18, the applicant must obtain parental consent below.*

I _____, give my son or daughter _____ permission to join the Fleetville Volunteer Fire Company of Benton Township. I understand that my son or daughter must obtain working papers if under the age of 16. If you have any questions or concerns, please contact the Fleetville Volunteer Fire Company at (570) 945-3139.

Parent/Guardian Signature: _____ Date: _____

Criminal History

Have you ever been convicted of a misdemeanor? Check One. ☐ Yes ☐ No

Have you ever been convicted of a felony? Check One. ☐ Yes ☐ No

Have you ever been convicted of an offense that constitutes a crime of "arson and related offenses" under 18 pa.C.S. § 3301 or any similar offense under Federal or State law. I understand that if I knowingly make a false statement herein, I am subject to penalties described by law, including, but not limited to, a fine of \$1,000. Check One. ☐ Yes ☐ No

Please provide a copy of your State of Pennsylvania PATCH (Penn Access To Criminal History) Report.

<https://epatch.pa.gov/TandCVolunteer>

Please provide a copy of your Keep Kids Safe Report. You will need to create an individual login to obtain it.

<https://www.dhs.pa.gov/KeepKidsSafe/Clearances/Pages/PA-Child-Abuse-History-Clearance.aspx>

By signing below, I certify that the above information is true and accurate. I authorized the Fleetville Volunteer Fire Company of Benton Township to investigate my background through the local Police Department, State Police, FBI, or any other recognized law enforcement agency. Fleetville Volunteer Fire Company of Benton Township will hold all information in confidence. I understand that all information and references provided on this application may be verified by a trusted board member, officer, and/or trustee of the organization and that federal laws prohibit age discrimination. I need to pass said background check to be considered as an applicant for the Fleetville Volunteer Fire Company of Benton Township. By signing below, I declare all the above answers are accurate to the best of my knowledge and belief. It is understood that any false statement on this application is sufficient cause for rejection or dismissal.

Signature: _____ Date: _____

Witness: _____ Date: _____

FVFC Member witness in good standing.