



# 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*

### 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).

Blood Type: \_\_\_\_\_

### 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     Social Member

**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 years of age, 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 question 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 any 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 \$1000. Check One.  Yes  No

Please provide a copy of your State of Pennsylvania PATCH (Penn Access To Criminal History) Report. <https://epatch.state.pa.us/TandCVolunteerAction.do?>

Please provide a copy of your Keep Kids Safe Report. You will need to create an individual login to obtain. <https://www.hhsidm.state.pa.us/iam/im/citizenpub/ca12/index.jsp?task.tag=SelfRegistrationCitizen>

By signing below, I hereby certify that the above information is true and accurate. I authorize the Fleetville Volunteer Fire Company of Benton Township to conduct an investigation into my background through the local Police Department, State Police, FBI, or any other recognized law enforcement agency. All information will be held in confidence by Fleetville Volunteer Fire Company of Benton Township. I understand that all information and references provided on this application may be verified by the Fire Chief and/or President of the organization and that Federal Laws prohibit age discrimination. If for any reason I do not pass said background check I will not be considered as an applicant of the Fleetville Volunteer Fire Company of Benton Township. By signing below, you declare all the above answers are true to the best of your 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.*