

Sponsored By:

Date:



Trucksville Volunteer Fire & Rescue Association

11 Carverton Rd.
Trucksville, PA 18708



Application For Membership

Full Name:

Home Address:

City:

State:

Zip:

Home Phone: ()

Work Phone: ()

Cell: ()

E-mail Address:

Application Type:

- Active Member*
 Active Junior Member
 Active Business/Supporting Member
 Fire
 Rescue
 Fire Police

To Apply: Complete and submit this application for membership and background checks to the Trucksville Volunteer Fire & Rescue Association. Only completed applications can be considered or processed further. We may wish to contact you by mail, telephone, or e-mail. It is your responsibility to make sure contact information is correct and current. Office personnel cannot write on applications, except to accommodate the needs of individuals with disabilities. Any changes must be made by the applicant in person or through signed, written communication.

Once this application is completed and signed, mail it to the Trucksville Volunteer Fire & Rescue Association at 11 Carverton Rd, Trucksville, PA 18708 or return it in person on Tuesday nights at 7pm

Prior Experience

Have you ever applied to or been a member of this company before: **Yes** **No**
 If **yes**, please give dates, and the circumstances under which you left the company:

Have you ever served in another EMS, Fire or Rescue Company? **Yes** **No**
 If **yes**, please give the name, address, and phone number(s) of the department(s), dates of your service, and the circumstances under which you left:

State the highest rank you have held:

Certification Information

Certification	Certification Number	Expiration Date	Instructing / Certifying Agency
CPR			
EMT / EMT-P			
EVO			
BRP			
Vehicle Rescue aware/ops/tech			
Fire Fighter I			

List any other EMS, Fire or Rescue classes you have taken not listed above, below:

List any EMS, Fire or Rescue vehicles you have been authorized or licensed to drive:

Employment

Current Employer:

Address:

Phone Number: ()

Date Employed From:

Contact Person: Name:

Position:

Medical

Height:

Weight:

Color of Eyes/Hair:

Family Doctor's Name:

Phone Number: ()

Blood Type:

Do you have any Medical Restrictions/Conditions/Handicaps? **Yes** **No**

If **Yes**, Please explain:

References

Please list three character references who you have known for at least three years, who are not related to you, and who are not past or present employers:

Reference 1: Name:

Telephone: ()

Address:

City:

State:

Zip:

Reference 2: Name:

Telephone: ()

Address:

City:

State:

Zip:

Reference 3: Name:

Telephone: ()

Address:

City:

State:

Zip:

Acknowledgement

I certify that the information I have given on this application is true, complete and correct. I understand that any false information or the omission of information may be sufficient reason for denial of membership or termination of membership if I become a member. I recognize that completion of this application does not imply acceptance and does not obligate Trucksville Volunteer Fire & Rescue Association (TVFRA) to elect me as a member. If accepted for membership I agree to abide by all rules, regulation, and policies established by TVFRA or its officers. I understand that, if accepted as a member, my membership is voluntary and may be terminated in accordance with the provisions of the TVFRA bylaws, policies and procedures. This application is not an agreement or a contract for employment.

I hereby authorize TVFRA to make any investigation deemed necessary in connection with my application for membership, including a criminal history check, driving history check, child abuse clearance and other such inquiries. I release TVFR and all informants from all liability resulting from such inquiries.

Applicants Signature: _____ Date: _____

Printed Name: _____

Signature of Parent or Legal Guardian: _____
(Required if applicant is under 18 years of age)

Authorization and Release to Conduct a Criminal History, Driving History and Certification Check

I understand that the Trucksville Volunteer Fire & Rescue Association (TVFRA), given the type of services that it provides and for the protection of patients, members and the public, is obligated under the law to only utilize personnel who are responsible persons. In order for TVFRA to make this determination I understand that I must provide to TVFRA with any information on any misdemeanor or felony convictions I have had (excluding juvenile offences unless tried as an adult) regardless of when the conviction occurred, as well as any information as to any adverse action against my driver's license (such as suspension, revocation, or other restriction of certification or license). I understand that I must provide TVFRA with any information about new convictions or adverse action against my driver's license as they occur. I understand that this is an ongoing duty and that I must provide this information while I am associated with TVFRA.

I also understand that TVFRA will review records such as criminal history reports, driving history, and certification records from official government sources.

I authorize TVFRA to obtain a criminal history check, driving history report and report on the status of any certifications I claim (such as EMT or Paramedic certification) from official government agencies at any time during my association with TVFRA. Further, I also release and forever discharge TVFRA, their officers from any and all causes of action, liability, claim, loss, cost, or expense, and promise not to sue them on any alleged claims I may have arisen from TVFRA requiring the criminal history, driving history or certification status report or relying upon information contained in these reports. I understand that I may review a copy of the criminal history or any other reports provided to TVFRA by government agencies if I request to do so.

X _____
Signature

Date

Print Name