

TTVFC



TO: PROSPECTIVE MEMBERS

Thank You for considering becoming a member of the Tunkhannock Township Volunteer Fire Company and Relief Association.

**Tunkhannock Township  
Volunteer Fire Company and Relief  
Association**  
1539 Long Pond Road  
P.O. Box 18, Long Pond, Pa. 18334  
Office Phone (570) 646-2265  
E-mail: [lpvfcr@epix.net](mailto:lpvfcr@epix.net)  
Website: [www.42fire.com](http://www.42fire.com)

## **MEMBERSHIP APPLICATION**

So that you may properly choose the appropriate category of membership we have briefly outlined each type below:

**FIREFIGHTER** - Firefighters are the members who handle all front line fire suppression and rescue efforts and have voting rights. Firefighters must be at least 18 years of age at time of application and must be in good physical condition.

**JUNIOR FIREFIGHTER** - Junior Firefighters may not participate in active fire fighting activities but may assist in support functions at fire scenes. Junior Firefighters must be at least 14 years of age at time of application. Valid working papers and Parent Authorization Form must accompany application.

**SUPPORT MEMBERS** - Support members assist with fund raising activities, social activities and provide refreshments at emergency scenes and have voting rights. Support members must be at least 18 years of age at time of application.

**JUNIOR SUPPORT MEMBERS** - Junior Support members perform the same activities as Support members. Junior Support members must be at least 14 years of age at time of application. Valid working papers and Parent Authorization Form must accompany application.

**FIRE POLICE** - These are active members who are empowered by the municipality to perform traffic and scene control duties as prescribed by Pennsylvania statute. Fire Police must be at least 18 years of age at time of application.

**SOCIAL MEMBERS** - Individuals interested in helping out with fundraising activities, special events, office duties, etc. Social Members can attend monthly business meetings and will have a voice but no vote. Social members will pay \$5.00 annual dues. Social members must at least 18 years of age at time of application.

**ALL APPLICANTS MUST BE FULL TIME RESIDENTS OF TUNKHANNOCK TOWNSHIP OR LIVE WITHIN 6 MILES OF THE TOWNSHIP LINE TO BE ELIGIBLE FOR MEMBERSHIP AND AGREE TO A CRIMINAL BACKGROUND CHECK.**

**Please be sure to complete all applicable sections of this application.**

Applications must be accompanied with a \$1.00 application fee and \$10.00 for a Criminal Background Check.

REVISED February 2013

TTVFC

NOTE: By completing this form you are making application to join both the Tunkhannock Township Volunteer Fire Company and the Tunkhannock Township Volunteer Fire Company Relief Association under the category of membership selected below.

**(PRINT OR TYPE ALL INFORMATION AND COMPLETE ALL SECTIONS)**

**NAME & INFORMATION & ADDRESSES OF APPLICANT**

NAME \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

                    Last                      First                      Middle

Date of Birth                      AGE                      SEX  
\_\_\_\_ / \_\_\_\_ / \_\_\_\_                      \_\_\_\_                      \_\_\_\_ M                      F

Social Security No. \_\_\_\_ - \_\_\_\_ - \_\_\_\_                      Are you a legal U.S. citizen? \_\_\_\_\_

Home Phone # (\_\_\_\_) \_\_\_\_ - \_\_\_\_                      Cell # (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Work # (\_\_\_\_) \_\_\_\_ - \_\_\_\_                      E-mail \_\_\_\_\_

Optional Question – Do you belong to any Social Media Networking Websites?  
\_\_\_\_ Google+, \_\_\_\_ Twitter, \_\_\_\_ LinkedIn, \_\_\_\_ Facebook, \_\_\_\_ MySpace  
or etc. \_\_\_\_\_

Current Home Address (Include Development, Lot No., Street, 911 Number, City,  
State & Zip Code) \_\_\_\_\_  
\_\_\_\_\_, State \_\_\_\_\_ ZIP \_\_\_\_\_

Mailing address if different \_\_\_\_\_

Length of time at current address \_\_\_\_\_

County you live in: \_\_\_\_\_

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Previous Address (Include Development, Lot No. Street, Apt. Number, City, State  
& Zip Code) \_\_\_\_\_  
\_\_\_\_\_, State \_\_\_\_\_ ZIP \_\_\_\_\_

Mailing address if different \_\_\_\_\_

Length of time at previous address \_\_\_\_\_

Previous County you lived in: \_\_\_\_\_

**CHECK TYPE OF MEMBERSHIP APPLYING FOR:**  
**\*(SEE FRONT COVER FOR EXPLANATION OF MEMBERSHIP CATEGORIES)\***

\_\_\_\_\_ FIREFIGHTER ( MUST BE 18 OR OLDER)

\_\_\_\_\_ JUNIOR FIREFIGHTER (MUST BE 14 OR OLDER)

\_\_\_\_\_ SUPPORT MEMBER (MUST BE 18 OR OLDER)

\_\_\_\_\_ JUNIOR SUPPORT MEMBER (MUST BE 14 OR OLDER)

\_\_\_\_\_ FIRE POLICE (MUST BE 18 OR OLDER)

\_\_\_\_\_ SOCIAL MEMBER (MUST BE 18 OR OLDER)

APPLICANT SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

**GENERAL APPLICANT INFORMATION**

1. Have you ever belong to another Fire Company ?  
\_\_\_\_\_ NO \_\_\_\_\_ YES If YES please provide the following.

Name of Company: \_\_\_\_\_

Location: \_\_\_\_\_ State \_\_\_\_\_

Name of contact person: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Any Fire/EMS training you might have (Please attach copies of certificates to this application) \_\_\_\_\_

Any additional information you feel the Department needs to know: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**2. EMPLOYER INFORMATION HISTORY**

**Please list your employers starting with your present.**

Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
State \_\_\_\_\_, Zip \_\_\_\_\_  
Job Title \_\_\_\_\_  
Years/months employed \_\_\_\_\_  
Immediate Supervisor \_\_\_\_\_  
Phone number ( ) \_\_\_\_\_ - \_\_\_\_\_

Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
State \_\_\_\_\_, Zip \_\_\_\_\_  
Job Title \_\_\_\_\_  
Years/months employed \_\_\_\_\_  
Immediate Supervisor \_\_\_\_\_  
Phone number ( ) \_\_\_\_\_ - \_\_\_\_\_

Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
State \_\_\_\_\_, Zip \_\_\_\_\_  
Job Title \_\_\_\_\_  
Years/months employed \_\_\_\_\_  
Immediate Supervisor \_\_\_\_\_  
Phone number ( ) \_\_\_\_\_ - \_\_\_\_\_

May we contact your current or previous employer? \_\_\_\_\_ YES or \_\_\_\_\_ NO

**3. REFERENCES**

**Please Print & list (3) references (list persons not related to you.)**

| Name     | Relationship | Phone |
|----------|--------------|-------|
| 1. _____ | _____        | _____ |
| 2. _____ | _____        | _____ |
| 3. _____ | _____        | _____ |

4. Do you have a valid PA Driver's License? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, please provide the follow information below and attach a copy of your license to this application.

Driver's License No.: \_\_\_\_\_ Class: \_\_\_\_\_

Drivers License expiration date: \_\_\_\_/\_\_\_\_/\_\_\_\_

List Restrictions or Endorsements: \_\_\_\_\_

Has your driver's License ever been suspended or revoked?  
\_\_\_\_\_ YES or \_\_\_\_\_ NO If YES, please explain \_\_\_\_\_

5. Current general health: (circle one)    Excellent    Good    Fair    Poor

Do you have any physical or health limitations that could affect your duties, for the category of membership you have selected? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, please explain: \_\_\_\_\_

6. Briefly describe below why you would like to join this organization.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By signing this application I authorize the members of the Tunkhannock Township Volunteer Company investigation committee permission to investigate all information contained within this application.

Print full name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

**INVESTIGATING COMMITTEE REPORT:**

The investigating committee has reviewed the above application and reports:

\_\_\_\_ FAVORABLY                      \_\_\_\_ UNFAVORABLY

on this applicant this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Signature of Investigating Committee members:

1. \_\_\_\_\_

2. \_\_\_\_\_

|                                                                       |                |
|-----------------------------------------------------------------------|----------------|
| <b>Approved applicants must sign for the following when received.</b> |                |
| <b><u>Received By-Law's</u></b>                                       |                |
| Signature _____                                                       | Date    /    / |
| <b><u>Received Recommended Operating Guidelines</u></b>               |                |
| Signature _____                                                       | Date    /    / |
| <b><u>Received Beneficiaries Card</u></b>                             |                |
| Signature _____                                                       | Date    /    / |

**RECORD OF APPLICATION PROCESSING**

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DATE APPLICATION RECEIVED: \_\_\_\_\_

DATE APPLICATION ACCEPTED AT MONTHLY MEETING: \_\_\_\_\_

DATE APPLICATION FORWARDED TO INVESTIGATING COMMITTEE: \_\_\_\_\_

DATE INVESTIGATING COMMITTEE REPORT RECEIVED: \_\_\_\_\_

DATE APPLICATION VOTED ON AT MEETING: \_\_\_\_\_

VOTE RESULTS:    \_\_\_\_ ACCEPTED    \_\_\_\_ REJECTED

FIRST MEETING DATE ELIGIBLE FOR ELECTION AS VOTING MEMBER: \_\_\_\_\_

VOTE RESULTS:    \_\_\_\_ ACCEPTED    \_\_\_\_ REJECTED

NOTES:

\_\_\_\_\_

