

# SOUTHERN COVE VOLUNTEER FIRE COMPANY

## MEMBERSHIP APPLICATION

PO BOX 187 NEW ENTERPRISE PA 16664 (814) 766-2345

DATE : \_\_\_\_\_  
NAME: (Last, First, MI) \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
HOME PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_ CELL: (\_\_\_\_) \_\_\_\_\_  
SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
AGE: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ SEX: \_\_\_\_\_ RACE: \_\_\_\_\_

STATUS APPLYING FOR: \_\_\_\_\_ FIRE FIGHTER \_\_\_\_\_ FIRE POLICE \_\_\_\_\_ ASSOCIATE MEMBER

MARRIED? \_\_\_\_\_ Yes \_\_\_\_\_ No DEPENDANTS? \_\_\_\_\_ Yes \_\_\_\_\_ No IF YES, HOW MANY? \_\_\_\_\_

PLEASE LIST ALL DEPENDANTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **BENEFICIARY INFORMATION:**

NAME: (Last, First, MI) \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_ RELATIONSHIP TO APPLICANT: \_\_\_\_\_

Do you have a current and valid driver's license? \_\_\_\_\_ Yes \_\_\_\_\_ No

Driver's License Number: \_\_\_\_\_ Driver's Classification Code: \_\_\_\_\_

Are there driving violations currently on your driving record? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, then please explain \_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, then please explain \_\_\_\_\_

What is the name of your current employer? \_\_\_\_\_

What is your occupation? \_\_\_\_\_

Do you work shift work? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please circle what shift. 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup>

How long have you been employed at your present position? \_\_\_\_\_

Are you currently OR have you ever been ENLISTED to any branch of the Armed Forces? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, which branch and the DATES of Service: \_\_\_\_\_

Do you have ANY physical defects or ailments? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, please state: \_\_\_\_\_

Are you willing and able to work fundraising events? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you willing and able to make Fire runs/calls? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have any fire school certificates? \_\_\_\_\_ Yes \_\_\_\_\_ No

List any fire schools and dates attended. \_\_\_\_\_

What is the highest level of FIRE training you have? \_\_\_\_\_

Will you attend training sessions as designated by the Fire Company? \_\_\_\_\_ Yes \_\_\_\_\_ No

NOTE: It is understood that the applicant registered on this form has done so with full knowledge, consent and approval of the above. Any person signing this application should be fully aware of the duties and dangers inherent in the Fire Company and the background investigations/clearances that are REQUIRED for membership of the SCVFC which includes:

1. An UPDATED Criminal History Background Record (check) – must be dated within 2 years of the date on this application.
2. An UPDATED Child Abuse Clearance - must be dated within 57 months of the date on this application.

A COPY of these shall be given to the Fire Chief of SCVFC on or before the signed person on this application will be APPROVED or REJECTED for membership of the SCVFC and will be MARKED as RECEIVED by the Fire Chief (in section below). The Criminal History Background Record (check) are mandated every 2 years. The Child Abuse Clearance are mandated only once every 57 months.

NOTE: UPON THE PRESENTATION OF THIS APPLICATION TO THE SCVFC, THE APPLICANT **MUST HAVE** TWO SPONSOR'S SIGNATURES WITH DATES.

Act 168 of 2006 amended Title 18 (Crimes and Offenses) of the Pennsylvania Consolidated Statutes, Section 2, subsection (h) (1) Arson and related offenses reads: ***"A person convicted of violating this section or any other similar offense under Federal or State Law shall be prohibited from serving as a firefighter in this Commonwealth and shall be prohibited from being certified as a firefighter under Section 4 of the Act of November 13, 1995 (PL604, No. 61) known as the State Fire Commissioner Act."*** All individuals making application for membership must provide documentation of an official Criminal History Record Check (background check) obtained pursuant to Chapter 91 (relating to Criminal History Record information) indicating NO ARSON convictions.

By signing below, this also gives the SCVFC Executive Officers, the authorization to conduct their own Criminal Background Checks throughout the duration of your membership with the SCVFC.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sponsor's #1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sponsor's #2 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

President's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Fire Chief's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Deputy Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Assistant #1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Assistant #2 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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First Reading Date: \_\_\_\_\_ President's Initials: \_\_\_\_\_

Criminal Background History Check received on \_\_\_\_\_ by the SCVFC Chief (Initial) \_\_\_\_\_

Child Abuse Clearance received on \_\_\_\_\_ by the SCVFC Chief (Initial) \_\_\_\_\_

Second Reading Date: \_\_\_\_\_ and for this Application to be ACCEPTED for a PROBATIONARY  
PERIOD OF SIX MONTHS (unless applying for ASSOCIATE status): Yes or No President's Initials: \_\_\_\_\_

Rejected: Yes or No Reason \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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Applicant Accepted for SCVFC MEMBERSHIP per company vote as of this DATE: \_\_\_\_\_

Sworn in By: \_\_\_\_\_

SCVFC By-Laws Received On: \_\_\_\_\_

Dues Paid On: \_\_\_\_\_ Dues are \$5.00