

# WHITE OAK VOLUNTEER FIRE COMPANY #1

1130 California Ave  
White Oak, Pa 15131  
412-664-4822

## APPLICATION FOR MEMBERSHIP

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

DRIVER'S LICENSE NUMBER: \_\_\_\_\_

CURRENT OCCUPATION: \_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Type of Membership desired: Active Firefighter \_\_\_\_\_ Junior Firefighter \_\_\_\_\_ Supporting \_\_\_\_\_

Have you ever been a member of a Volunteer Fire Company? YES \_\_\_\_\_ NO \_\_\_\_\_

(If YES, please list below all other fire companies. If possible, please provide a letter of reference from the most recent department.  
(Fire Chief or President))

Please list any applicable training certificates and certifications pertaining to the fire service:

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Have you ever been convicted of a felony or misdemeanor crime? YES \_\_\_\_\_ NO \_\_\_\_\_

(Including a DUI or similar offense)

Have you had any moving violations or had your license revoked? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES to either question above please provide a brief explanation below.

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Please List three references:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Legal Guardian Junior Application Authorization:

I, \_\_\_\_\_, hereby give permission for my son/daughter to apply for membership to the White Oak VFC #1 as a junior member.

Guardian Signature \_\_\_\_\_

I, \_\_\_\_\_ hereby authorize the White Oak Volunteer Fire Company #1 to seek treatment for my son/daughter as a result of any accident or injury that may occur during participation as a member of the White Oak Volunteer Fire Company #1.

Guardian Signature \_\_\_\_\_

I, \_\_\_\_\_ hereby affirm this application contains no willful misrepresentation or falsification and the information contained herein is true and complete to the best of my knowledge and belief. I am aware should an investigation at any time disclose any misrepresentation or falsification my application will be rejected and/or my membership to the White Oak Volunteer Fire Company #1 shall be terminated. If voted into membership I will complete all necessary training to be a fully functioning competent firefighter.

The White Oak Volunteer Fire Company #1 has my permission to discuss, for fire company purposes, my application with anyone except noted here: \_\_\_\_\_ N/A

I hereby release and hold harmless from liability the White Oak volunteer Fire Company #1 and all other persons, companies, departments, corporations, or police agencies supplying information pertaining to this application.

Signature of Applicant: \_\_\_\_\_

White Oak VFC #1 Sponsors:

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

**Please do not write below this line. Fire Company Use Only.**

Recommendation of the investigation committee: Accept: \_\_\_\_\_ Reject: \_\_\_\_\_

Action by Membership: YES \_\_\_\_\_ NO \_\_\_\_\_

Probationary Start Date: \_\_\_\_\_ Probationary End Date: \_\_\_\_\_

The White Oak Volunteer Fire Company #1 is an equal opportunity organization and does not discriminate on the basis of Race, Creed, Color, Gender, Age, Nationality, or Sexual Orientation.