

Grade Average _____ Highest Grade Completed _____

Special Interests or Hobbies _____

Employer, current or previous (If any) _____

Address, City, State, ZIP _____

Phone # _____ Supervisors Name _____
First Last

General Health Condition (Circle One)

Excellent Good Fair Poor

Do you have any health conditions, illnesses or special needs or disabilities.

YES NO
Circle One

If Yes please list _____

References. Please provide complete name and mailing addresses of 3 adults over 21. Do not list relatives or members of this Fire Company.

Name Address Phone #

1. _____

2. _____

3. _____

Fire company reference. (not required) _____

Name of member in this company

Have you been charge or convicted of any crimes or motor vehicle violations? YES NO
Circle One

If yes, please list _____

Mother or Legal Guardian _____

Street, City, State, ZIP _____

Home Phone _____ **Work Phone** _____

Place of Employment _____

Father or Legal Guardian _____

Street, City, State, ZIP _____

Home Phone _____ **Work Phone** _____

Applicants Statement

I _____ do hereby apply for membership as a junior firefighter in the
PRINT FULL NAME HERE

Strinestown Community Fire Co. I certify that all the information that I have given is true and correct to the best of my knowledge. I understand that any false or misleading statements or answers that I may have given or misstated or omitted facts will be grounds for dismissal from this organization. I authorize the Str inestown Community Fire Co. and its officers or agents to make a complete investigation of any federal, state or local criminal, police or motor vehicle records that may exist concerning me. I further authorize the Strinestown Community Fire Co. and its officers or agents to contact any individual, current or previous employer or organization or school that may also have records concerning me. I also understand that I must obtain a work permit from my school, which is required by the laws of this Commonwealth and that my membership is not valid until this permit is received by the Strinestown Community Fire Co. I understand that I am subject to the by-laws, rules and regulations as determined, enacted, amended and approved by the Strinestown Community Fire Co.

Applicants Signature

Date

Parent or Legal Guardian's Statement of Consent.

I _____, being the parent or legal guardian of the above named minor,
Please print full name
do hereby grant permission for my/our son/daughter to participate in activities as a Jr. Volunteer Firefighter of the Strinestown Community Fire Co. as permitted in the "Child labor laws of the Commonwealth of Pennsylvania". Permission is granted to conduct inquiries and investigations as stated in the above applicants statement to determine membership eligibility.

Parent or legal guardians signature

Date

Article 15 of the Strinestown Community Fire Co. by-laws states the following: The Strinestown Community Fire Co. does not and shall not discriminate on the basis of age, race, sex, color, religion and country of origin, sexual preference or disabilities.