

**APPLICATION FOR MEMBERSHIP**

**SILVERDALE VOLUNTEER FIRE CO. NO. 1  
P.O. BOX 83 111 W, MAIN ST.  
SILVERDALE, PA. 18962**

**AUTHORIZATION FOR RELEASE OF INFORMATION**

Name of Applicant \_\_\_\_\_

This is to authorize any person I have given as a personal reference, past employer, custodian of records of any schools I have attended, or the Police Department of any municipality wherein I have resided, or any person having under their custody or control information which I have stated in any application to the Silverdale Volunteer Fire Co. No. 1, to furnish the Pennsylvania State Police and the Silverdale Volunteer Fire Co. No. 1 or their representative thereof, any and all information and/or opinions regarding information stated in my application to the Silverdale Volunteer Fire Co. No 1.

You are hereby further requested to disclose no information to any other person, without written authorization from me to do so, pursuant to Privilege and Communications Statutes. I hereby waive any privilege I have and said information to the Pennsylvania State Police and the Silverdale Volunteer Fire Co. No. 1 and/or authorized Police or Fire representative.

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Witness

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

**IF APPLICANT IS A MINOR, CONSENT MUST BE SIGNED BY PARENT/GUARDIAN**

\_\_\_\_\_  
Parent/Guardian

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

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It is the policy of Silverdale Volunteer Fire Company No. 1 to afford equal opportunity employment, training, compensation, and promotion to all individuals including veterans of the Vietnam era, without consideration of age, creed, color, religion, national origin, sex, marital status, or disability with due regard for the relative qualifications and abilities, except where age and sex are a bona fide occupational requirement.

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
(Last) (First) (Middle)

Date of Birth: \_\_\_\_\_ Driver License #: \_\_\_\_\_ S/S # \_\_\_\_\_

Address: \_\_\_\_\_ Apt.# \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Length of time at this address: \_\_\_\_\_ Years \_\_\_\_\_ Months

Previous Addresses (with the last 3 years): \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Address: \_\_\_\_\_

Position: \_\_\_\_\_ Years Employed: \_\_\_\_\_ Years \_\_\_\_\_ Months

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Driver License: Yes / No Code: \_\_\_\_\_ Classes: \_\_\_\_\_ Endorsements: \_\_\_\_\_

Restrictions: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Sex: \_\_\_\_\_ Eyes: \_\_\_\_\_

Vehicle used for Fire Company: Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Lic.#: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Address: \_\_\_\_\_

Policy #: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Type of Membership Interest: (circle one)

- Fire Fighter: Active / Associate  Junior (14 to 18 years old)  Special Fire Police  House

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Have you ever been a member of any Fire Company, Rescue, Ambulance or Medical Corps units? YES / NO Please state where, when and reason for leaving: \_\_\_\_\_

\_\_\_\_\_

Have you ever volunteered for any, non-profit organization? YES / NO

Please state where, when and reason for leaving: \_\_\_\_\_

\_\_\_\_\_

Have you ever been rejected by any Fire Company, Rescue, Ambulance or Medical Corps units? YES / NO Please state where, when and reason for rejection: \_\_\_\_\_

\_\_\_\_\_

Have you ever been arrested? YES / NO Please state reason: \_\_\_\_\_

\_\_\_\_\_

Do you have any medical, physical or mental infirmities that would hamper your efficiency or be aggravated by your duties as a Fire Company, Rescue, Ambulance or Medical Corps Member?

YES / NO If yes please explain: \_\_\_\_\_

\_\_\_\_\_

Do you have any experience in any emergency field? YES / NO Please state or attach what training you have:

\_\_\_\_\_

Are there any problems with keeping up to training standards? YES / NO If yes please explain:

\_\_\_\_\_

What hours are you normally available for service? DAY / Night Between \_\_\_\_\_ and \_\_\_\_\_

Why do you want to join the Fire Company? \_\_\_\_\_

\_\_\_\_\_

Who referred you to the Fire Company? \_\_\_\_\_

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The applicant fully understands that he/she is applying for membership in the Silverdale Volunteer Fire Co. No. 1.

I, \_\_\_\_\_, state that the answers to all of the above questions are to the best of my knowledge true, complete and that I will, if accepted for membership, abide by the Laws of the State of Pennsylvania, rules and regulation of Silverdale Volunteer Fire Co. No.1 and will accept and carry out all lawful orders of the Chief(s) and all other line officers, elected and appointed over me, with dispatch and to the best of my ability at the time they are given. I further promise that I will endeavor to fulfill all other obligations I incur through membership in Silverdale Volunteer Fire Co. No. 1. I fully realize that failure to do so can mean disciplinary action as provided by Silverdale Volunteer Fire Co. No. 1.

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

**NOTE :** All Information contained herein will become the property of the Silverdale Volunteer Fire Co. No. 1 and is and will be considered confidential. Rejection or Acceptance will be duly noted in the Silverdale Volunteer Fire Co. No. 1 meeting Minutes. The Recording Secretary will notify applicant in writing.

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If Applicant is under **14 years of age** the following statement must be signed by the Parent or Guardian of the Applicant.

I, \_\_\_\_\_, Parent / Guardian of \_\_\_\_\_ Do hereby consent to him/her becoming a member of the Silverdale Volunteer Fire Co. No. 1.

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

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Police Approval (Favorable) (Unfavorable)

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

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"COMMITTEE USE ONLY"

Investigating Committee 1. \_\_\_\_\_  
2. \_\_\_\_\_ 3. \_\_\_\_\_

Committee Report (Favorable) (Unfavorable)

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

Signature of Committee 1. \_\_\_\_\_ Date \_\_\_\_\_  
2. \_\_\_\_\_ Date \_\_\_\_\_  
3. \_\_\_\_\_ Date \_\_\_\_\_

Silverdale Volunteer Fire Co. No.1 Membership Vote (Favorable) (Unfavorable)

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Investigating Committee Form

Name of Applicant: \_\_\_\_\_

Date of Interview: \_\_\_\_\_

Investigating Committee

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

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

3. \_\_\_\_\_

MUST BE READ TO THE APPLICANT

You as an **Applicant** of the Silverdale Volunteer Fire Co. No. 1, **if accepted as a member**, will have a six (6) month probationary period. This six (6) month period will be a reviewing period as to your actions, discipline and contribution toward the functions and services of the Silverdale Volunteer Fire Co. NO. 1. You also must complete necessary training within one (1) year.

Silverdale Volunteer Fire Co. No. 1 holds or sponsors fund raising events through the year. The Silverdale Volunteer Fire Co. No. 1, **Expects** all members to help at as many functions as possible throughout the year. If **Accepted** as a member you will receive a copy of The Constitution and By-Laws of Silverdale Volunteer Fire Co. No. 1. As the by-laws state, you will be expected to make a minimum of points each calendar year to retain your membership.

Active Member: 45 per calendar year

Associate Member: 12 per calendar year

House Member: 12 per calendar year

Points are received for attendance or response to alarm, special services, monthly meetings, crew meetings, training, and fundraisers. There are a number of committees and you are urged to participate on at least one.

**Silverdale Volunteer Fire Company needs membership for functions as well as Alarms.**