



Slocum Township Volunteer Fire Company

1923 Slocum Road Wapwallopen PA, 18660
(570) 868-6255 www.SlocumFire.com

Application for Membership

Personal Information

Name: _____ SSN: _____

Date of Birth: ____/____/____ Age: ____ Sex: M / F Phone Number: _____

Email: _____ Emails: Training / Events / None

Address: _____

City: _____ State: _____ Zip Code: _____

How long have you been a resident of Slocum Township (or current township)? _____

Have you ever been convicted of a crime other than a parking violation? Yes / No (If yes, explain)

How do you feel you can aid our organization? _____

Do you have any current or past medical/psychological problems and/or conditions that may affect or limit your ability to perform firefighting related duties? Voluntary: _____

Training Information

(Please attach a copy of each certification, do not attach originals)

Firefighting Qualifications (Circle all that apply, if any)	Junior F/F NFPA F/F-II NFPA F/O-II F/F (Essentials) NFPA F/F-III NFPA F/O-III NFPA F/F-I NFPA F/O-I NFPA F/O-IV
EMS/Medical Qualifications (Circle all that apply, if any)	PA 1st Responder PA EMT-B Med. Command Doc NREMT-B PHRN NREMT-P Date of Expiration: _____
Rescue Qualifications (Circle all that apply, if any)	Vehicle Technician Specialist Technician
HazMat Qualifications (Circle all that apply, if any)	Operations Technician Specialist
Radiological Qualifications (Circle all that apply, if any)	Rad Asst. Rad Monitor RRT RO Rad Instructor
Driving Qualifications (Circle all that apply, if any)	Class C Class B Class A CDL EVOC Hazmat Tanker Driver License #: _____
CPR Certification	Expiration Date: _____

Other Training/Certifications: _____

I understand that if I should be accepted as a member of the Slocum Township Volunteer Fire Company, I will uphold the standards and by-laws of this company. I also agree to participate in all activities associated with the fire department to the best of my ability. I further agree that all statements and facts set forth in this application for membership are true to the best of my knowledge. I also understand that any false statement or misrepresentation will result in immediate dismissal from the Slocum Township Volunteer Fire Company and I am aware that a background check may be performed to ensure the accuracy of this information.

_____/_____/_____
(Date of Application)

(Signature of Applicant)

(Signature of Parent or Guardian, if under 18)