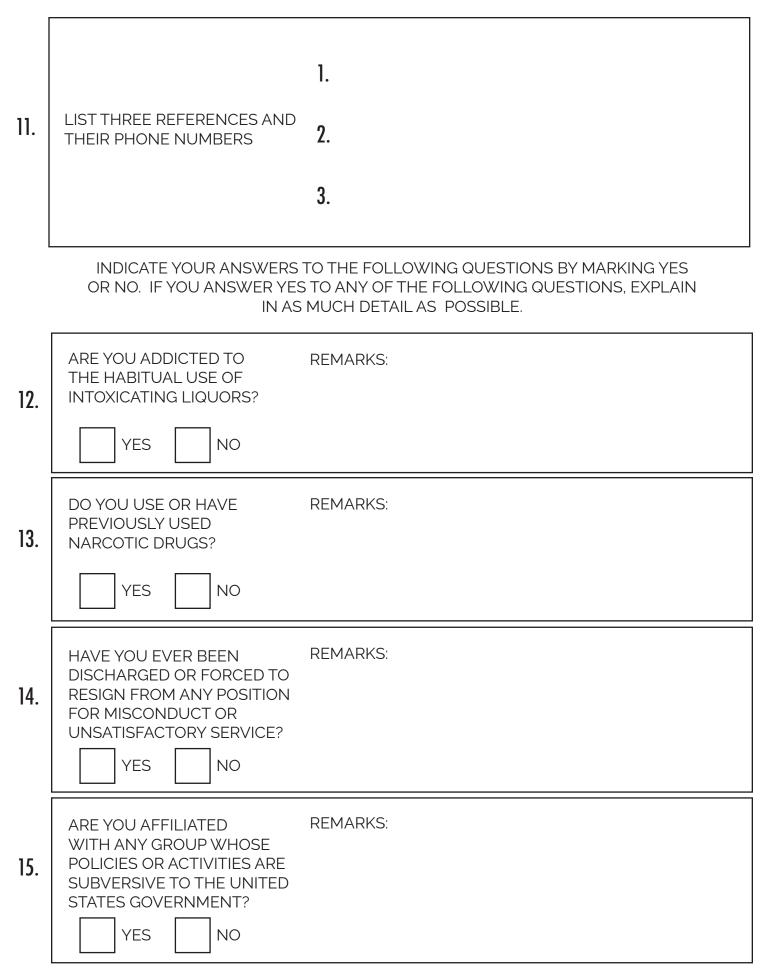


952 PA-906 S., WEBSTER, PA 15087 | www.rostravertownshipvfd1.org (724) 379-7838 | rostravertownshipvfd1@gmail.com

ACTIVE AND JUNIOR VOLUNTEER FIREFIGHTER APPLICATION

1.	FIRST AND LAST NAME		
2.	EMAIL	PHONE NUMBER	
3.	CURRENT ADDRESS, CITY, AND ZIPCODE		
4.	ARE YOU A UNITED STATES CITIZEN?		
5.	ARE YOU AT LEAST 18 YEARS OLD? YES, OVER 18 NO, 14-17		
6.	IF UNDER 18, PLEASE ENTER YOUR PARENT(S)/GUARDIAN(S)' NAME(S), EMAIL(S), AND PHONE NUMBER(S).		
7.	SOCIAL SECURITY NUMBER		
8.	HEIGHT	WEIGHT	
9.	DATE OF BIRTH	PLACE OF BIRTH	
10.	PLEASE LIST ANY FIRE/EMS TRAINING, CERTIFICATIONS, OR RELEVANT EXPERIENCE (MILITARY, HEALTH CARE, VOLUNTEER) YOU MIGHT HAVE, BEING AS DETAILED AS POSSIBLE.		



. /	HAVE YOU EVER BEEN CONVICTED OF A FELONY?	REMARKS:
6.	YES NO	

THE FOLLOWING IS FOR SCREENING PURPOSES ONLY. PLEASE SKIP TO THE NEXT PAGE.

RE: APPLICANT NAME		
ADDRESS		
DATE OF BIRTH	SSN	

THE APPLICANT LISTED ABOVE HAS APPLIED FOR MEMBERSHIP WITH THE ROSTRAVER TOWNSHIP VOLUNTEER FIRE DEPARTMENT (VFD) #1 IN WEBSTER, PA, 15087. ATTACHED IS A RELEASE AUTHORIZING YOU TO PROVIDE INFORMATION ON THE APPLICANT AS FOLLOWS:

ANY HISTORY OF CRIMINAL ACTIVITY INVOLVING ARSON AND ANY OTHER CRIMES WHICH WOULD ADVERSELY AFFECT THE HEALTH, SAFETY, OR WELFARE OF OTHER MEMBERS OF THIS DEPARTMENT OR THE RESIDENTS OF ROSTRAVER TOWNSHIP.

	IF YES, PLEASE EXPLAIN:
YES NO	

THE INFORMATION ABOVE WILL BE HELD IN STRICT CONFIDENCE. PLEASE RETURN THIS REQUEST TO US AS SOON AS POSSIBLE IN THE SELF-ADDRESSED STAMP ENVELOPE.

SIGNATURE OF OFFICER	D	ATE	
COMPLETING REQUEST	DF	AIE	

TITLE _____

I HEREBY AUTHORIZE THE ROSTRAVER TOWNSHIP VOLUNTEER FIRE DEPARTMENT (VFD) #1 ACCESS TO INFORMATION NECCESSARY TO COMPLETE THE ABOVE SCREENING PROCCESS.

PRINT NAME	DATE
SIGNATURE	DATE
PARENT(S)/GUARDIAN'S PRINT NAME(S)	
	DATE
SIGNATURE(S)	DATE
	DATE

PLEASE PRINT AND SUBMIT THIS FORM AT ROSTRAVER TOWNSHIP VFD #1 IN PERSON, MAIL IT IN, FILL IT OUT ONLINE, OR SEND VIA EMAIL.