



ROSTRAVER TOWNSHIP

VOLUNTEER FIRE DEPARTMENT #1

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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? <input type="checkbox"/> YES <input type="checkbox"/> NO	
5.	ARE YOU AT LEAST 18 YEARS OLD? <input type="checkbox"/> YES, OVER 18 <input type="checkbox"/> 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.	

11.

LIST THREE REFERENCES AND THEIR PHONE NUMBERS

1.

2.

3.

INDICATE YOUR ANSWERS TO THE FOLLOWING QUESTIONS BY MARKING YES OR NO. IF YOU ANSWER YES TO ANY OF THE FOLLOWING QUESTIONS, EXPLAIN IN AS MUCH DETAIL AS POSSIBLE.

12.

ARE YOU ADDICTED TO THE HABITUAL USE OF INTOXICATING LIQUORS?

REMARKS:

YES

NO

13.

DO YOU USE OR HAVE PREVIOUSLY USED NARCOTIC DRUGS?

REMARKS:

YES

NO

14.

HAVE YOU EVER BEEN DISCHARGED OR FORCED TO RESIGN FROM ANY POSITION FOR MISCONDUCT OR UNSATISFACTORY SERVICE?

REMARKS:

YES

NO

15.

ARE YOU AFFILIATED WITH ANY GROUP WHOSE POLICIES OR ACTIVITIES ARE SUBVERSIVE TO THE UNITED STATES GOVERNMENT?

REMARKS:

YES

NO

16.

HAVE YOU EVER BEEN CONVICTED OF A FELONY?

REMARKS:

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
COMPLETING REQUEST

DATE

TITLE

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

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.