Logo

Description automatically generated Good from: to:

**Somerset Volunteer Fire Department**

**340 West Union Street**

**P.O. Box 121**

**Somerset, PA 15501**

**(814) 445-4343**

Application for Volunteer Membership

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ***Please print clearly*** | | | | | | | |
| Name: | | | | | SS#: | | |
| Street Address: | | | | | | | |
| City: | | ZIP Code: | | | Phone (Home): | | |
| Phone (work): | | | | Phone (cell): | | | |
| E-mail: | | | | Date of Birth: Age: | | | |
| Interested Position(s) Circle One | | | | | | | |
| Active Firefighter | | Associate non-firefighter | | |  | | |
| Associate Firefighter | |  | | |  | | |
| Have you reviewed the requirements for the position(s)? | | | | | Yes | | No |
| Are you legally allowed to work in the United States? | | | | | Yes | | No |
| Do you have a valid driver’s license? | | | | | Yes | | No |
| Do you have a reliable method of transportation to the fire station? | | | | | Yes | | No |
| How long have you lived at your current address? | | | | | Years | | Months |
| Do you plan to reside in the local area for the next four years? | | | | | Yes | | No |
| If no, reason for move: | | | | | | | |
| Applicant’s Employer | | | | | | | |
| Current Employer: | | | | | | | |
| Street Address: | | | | | | | |
| City: | | State: | | | ZIP Code: | | |
| Phone: | | May we contact your employer? | | |
| Applicant’s History | | | | | | | |
| Highest grade/level of education completed: | | | | | | | |
| Military experience (which service): | | | | | Years of service: | | |
| Did you receive an honorable discharge? | | | | | Yes | No | |
| Have you ever been charged or convicted of arson? | | | | | Yes | No | |
| Have you ever been convicted of, or pleaded guilty to a felony? | | | | | Yes | No | |
| If yes, state nature of conviction: | | | | | | | |
| Date of conviction: | | | Age when convicted: | | | | |
| Do you have any pending criminal charges? | | | | | Yes | No | |
| Have you ever applied to or been a member of a fire department? | | | | | Yes | No | |
| If yes, please list department(s) and location(s): | | | | | | | |
| List 3 references we may contact: | | | | | | | |
| Name: | | | | | Title: | | |
| Street Address: | | | | | City: | | |
| State: | ZIP Code: | | | | Phone: | | |
| Relationship to you: | | | | | Email: | | |
|  | | | | | | | |
| Name: | | | | | Title: | | |
| Street Address: | | | | | City: | | |
| State: | ZIP Code: | | | | Phone: | | |
| Relationship to you: | | | | | Email: | | |
|  | | | | |  | | |
| Name: | | | | | Title: | | |
| Street Address: | | | | | City: | | |
| State: | ZIP Code: | | | | Phone: | | |
| Relationship to you: | | | | | Email: | | |
|  | | | | | | | |
| Do you know any current members of Somerset Volunteer Fire Department? | | | | | | | |
| If yes list them: | | | | | | | |
| Additional Information: | | | | | | | |
| Any health issues that would affect your physical ability to perform firefighter duties? | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
| Any past firefighting training or experience? | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
| Are you currently certified in CPR/First Aid? | | | | | | | |

Applicants Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Do not write below this line\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Investigating committee members present for interview:**

* **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**