

Loyalsock Volunteer Fire Company No. 1
715 Northway Road, Williamsport, PA 17701
Phone: 570-323-3601 Fax: 570-323-5060
 Website: www.station18.org

Application for Live-In Program

<u>General Information</u>			Date: _____
Name: _____		Age: _____	
Last	First	MI	
Address: _____			
Street	City	State	Zip
County of Permanent residence: _____			
Permanent Address: _____			
Street	City	State	Zip
Date of Birth: _____	Emergency Contact: _____		Phone: _____
Drivers License Number: _____	State: _____	Class _____	Expires: _____
Home Phone: _____	Cell Phone: _____	E-Mail: _____	

Attach a copy of your valid driver's license with this application

<u>Education</u>				
High School Attended: _____		Highest Level Completed _____		Date: _____
Currently Enrolled at: _____		____ Semester Hours/Credits: _____		
Other Colleges, Trade Schools Attended	Major/Field	No. of Credits	Degree Awarded	Dates Attended

Other Training Name and Location of School	Type of Training	Length (Hrs/Wks)

<u>Health</u>
Date of last Physical Examination: _____
Are there any reasons that you would not be able to perform normal Firefighting and/or EMT duties? _____ If yes, please Explain: _____

Affiliations

List any current and/or past Fire Company or Rescue Squad Affiliations

Company Name	Chief's Name	Phone Number	Membership Dates

List any other experience valuable to Fire and/or EMS: _____

Have you ever been subject to disciplinary action in another organization? YES NO

If yes, list date and please explain: _____

Training and Certifications (List all Training and Certificates Below)

Course Title	Location	Date of Completion	Expiration

Attach copies of above certificates and all other relevant certifications and training

Is there any other information, special skills or training, not elsewhere on this application, that you would like to have considered: _____

Background and Criminal History

Have you ever been arrested, convicted, pled guilty, or pled no contest to a misdemeanor or a felony? (Do not include criminal history that has been expunged or occurred as a minor.) YES NO
If yes, explain the circumstances surrounding the incident. Include dates, any agencies and/or courts involved and the outcome:

Have you ever been convicted of any moving traffic violations? YES NO
If yes, explain the circumstances surrounding the incident. Include dates, any agencies and/or courts involved and the outcome:

Personal References

List the names of three persons not related to yourself that you have known for 3 or more years.

Name			Address		
()			-		
()			-		
Occupation	Phone Number(s)	How Long Known (years)			

Name			Address		
()			-		
()			-		
Occupation	Phone Number(s)	How Long Known (years)			

Name			Address		
()			-		
()			-		
Occupation	Phone Number(s)	How Long Known (years)			

I, _____, wish to participate in the Loyalsock Volunteer Fire Company (LVFC) Live-In Program. If I am not currently a member of LVFC, I also wish to become a member of the LVFC. I understand that I will be contacted for an interview and that the Live-In Program Committee will make the final decision to accept or reject my application. I understand that I may be asked to undergo a physical examination and/or meet additional requirements deemed necessary by the Live-in Program Committee and agree to do so at my own expense.

I further understand that, if accepted into the Live-In Program, I will abide and adhere to the LVFC Trustees Manual, SOGs, By-Laws, and complete the New Members Check-Off Sheet. In addition to the duties of emergency services, I understand that I will be expected to read, understand, and adhere to the Live-in Program Guidelines, Rules and Regulations. If I fail to meet these expectations, I may be dismissed from the LVFC and the Live-In Program.

Date

Signature of Applicant

Signature of Parent (For Students)

Background Check Release

To Whom It May Concern:

I, _____, have made application to the Loyalsock Volunteer Fire Company No. 1 Live-In Program. I do hereby authorize LVFC to make inquiry into my background with reference to character, morals, state of mental and physical health, training recorded and certifications, past criminal history, and driving record. I understand that all inquiries will be taken from the information listed on the LVFC Live-In Program Application. Any and all cooperation with the LVFC in this matter would be appreciated.

Signature of Applicant

Date

For Live-In Committee Use

Date of Interview _____

Committee Members _____
