

**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**

<b><u>General Information</u></b>			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***

<b><u>Education</u></b>				
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)

<b><u>Health</u></b>
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)			

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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

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**For Live-In Committee Use**

Date of Interview \_\_\_\_\_

Committee Members \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_