



Name of School that you attend \_\_\_\_\_

Guidance Counselors Name \_\_\_\_\_

Grade Average \_\_\_\_\_ Highest Grade Completed \_\_\_\_\_

Special Interests or Hobbies \_\_\_\_\_

Employer, current or previous (If any) \_\_\_\_\_

Address, City, State, ZIP \_\_\_\_\_

Phone # \_\_\_\_\_ Supervisors Name \_\_\_\_\_  
First Last

General Health Condition (Circle One)

Excellent

Good

Fair

Poor

Do you have any health conditions, illnesses or special needs or disabilities that we need to know about?

YES

NO

Circle One

If Yes please list \_\_\_\_\_

References. Please provide complete name and mailing addresses of 3 adults over 21. Do not list relatives or members of this Fire Company.

Name

Address

Phone #

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Fire company reference. (not required) \_\_\_\_\_  
Name of member in this company

Have you been charge or convicted of any crimes or motor vehicle violations? YES NO  
Circle One

If yes, please list \_\_\_\_\_

**Mother or Legal Guardian** \_\_\_\_\_  
**Street, City, State, ZIP** \_\_\_\_\_  
**Home Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_  
**e-mail** \_\_\_\_\_ @ \_\_\_\_\_  
**Place of Employment** \_\_\_\_\_

**Father or Legal Guardian** \_\_\_\_\_  
**Street, City, State, ZIP** \_\_\_\_\_  
**Home Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_  
**e-mail** \_\_\_\_\_ @ \_\_\_\_\_  
**Place of Employment** \_\_\_\_\_

**Applicants Statement**

I \_\_\_\_\_ do hereby apply for membership as a junior firefighter in the  
Print full name here  
Strinestown Community Fire Co. I certify that all the information that I have given is true and correct to the best of my knowledge. I understand that any false or misleading statements or answers that I may have given or misstated or omitted facts will be grounds for dismissal from this organization. I authorize the Strinestown Community Fire Co. and its officers or agents to make a complete investigation of any federal, state or local criminal, police or motor vehicle records that may exist concerning me. I further authorize the Strinestown Community Fire Co. and its officers or agents to contact any individual, current or previous employer or organization or school that may also have records concerning me. I also understand that I must obtain a work permit from my school, which is required by the laws of this Commonwealth and that my membership is not valid until this permit is received by the Strinestown Community Fire Co. I understand that I am subject to the by-laws, rules and regulations as determined, enacted, amended and approved by the Strinestown Community Fire Co.

\_\_\_\_\_  
Applicants Signature Date

**Parent or Legal Guardians Statement of Consent.**

I \_\_\_\_\_, being the parent or legal guardian of the above named minor,  
Please print full name  
do hereby grant permission for my/our son/daughter to participate in activities as a Jr. Volunteer Firefighter of the Strinestown Community Fire Co. as permitted in the "Child labor laws of the Commonwealth of Pennsylvania". Permission is granted to conduct inquiries and investigations as stated in the above applicant's statement to determine membership eligibility.

\_\_\_\_\_  
Parent or legal guardians signature Date

Article 15 of the Strinestown Community Fire Co. by-laws states the following: The Strinestown Community Fire Co. does not and shall not discriminate on the basis of age, race, sex, color, religion and country of origin, sexual preference or disabilities.