

# *Strinestown Community Fire Company*



5690 Susquehanna Trail

Manchester, PA 17345

717 266-1131

[www.strinestownfire.com](http://www.strinestownfire.com)

## **Junior Membership Application**

• Date of Application \_\_\_\_\_

• Name

\_\_\_\_\_  
Last First Middle

• Address

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

List previous address if current address is less than five years.

\_\_\_\_\_

• Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

• E-mail address \_\_\_\_\_

• Driver's License # \_\_\_\_\_

• Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

• U.S. citizen? ☐ YES ☐ NO Resident of PA? ☐ YES ☐ NO

• City, State & Country of birth \_\_\_\_\_

• School that you attend \_\_\_\_\_

• Guidance Counselor's name \_\_\_\_\_

- Highest grade completed \_\_\_\_\_ Grade average \_\_\_\_\_
- Do you consider yourself healthy enough to perform all the physical activities required of the volunteer position you are applying for? ☐ YES ☐ NO  
If NO, explain \_\_\_\_\_

- References - Three required. Non relatives. Nonmember of this Fire Company.  
List Names, Complete Address, Phone and E-mail of adults over 21.

	Name	Address	Phone	E-mail
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

- Fire Company reference (not required) \_\_\_\_\_

## Applicants Statement

- I, \_\_\_\_\_, do hereby apply for Junior  

Print Full Name

membership in the Strinestown Community Fire Co., Inc. 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., Inc. 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 also understand that I must obtain a Work Permit from my school**, which is required by the laws of the Commonwealth of PA and my membership is not valid until the permit is received. I understand that I am subject to the bylaws, rules and regulations and policies of the Strinestown Community Fire Co.

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 Applicants Signature

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 Date

- Article XIV of the by-laws of the Strinestown Community Fire Co. states the following: The Strinestown Community Fire Company prohibits discrimination

against and harassment of any member or any applicant for membership because of race, color, national or ethnic origin, age, religion, disability, sex, sexual orientation, gender identity and expression, veteran status or any other characteristic protected under applicable federal or state law.

### **Parent or Legal Guardian Information**

• Father or Legal Guardian \_\_\_\_\_

Address \_\_\_\_\_

Cell phone \_\_\_\_\_ Work phone \_\_\_\_\_ Home phone \_\_\_\_\_

E-mail \_\_\_\_\_ Place of Employment \_\_\_\_\_

• Mother or Legal Guardian \_\_\_\_\_

Address \_\_\_\_\_

Cell phone \_\_\_\_\_ Work phone \_\_\_\_\_ Home phone \_\_\_\_\_

E-mail \_\_\_\_\_ Place of Employment \_\_\_\_\_

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

I \_\_\_\_\_, being the parent or legal guardian

Please print full name

of the above named minor, do hereby grant permission for my/our son/daughter to participate in activities as a Junior 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.

• All documents are confidential and will be appropriately secured.

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### **Fire Company Use ONLY**

• Date application was received \_\_\_\_\_

• Date work permit was received \_\_\_\_\_