

Avoca Hose Co. No. 1 – Station 112

Fill out this application completely

Applicant Name: _____

E-mail address: _____

Address: _____

City: _____ State _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Social Security #: ____/____/____ Drivers License #: ____-____-____

Date of Birth: _____ Age: _____

Emergency Contact: _____ Phone #: _____

Employer's Name: _____

Employers Address: _____

Employer's Phone #: _____ Occupation: _____

High School: _____ College: _____

Previous Fire Dept Training: _____

Previous Medical Training: _____

Are you a member of another fire dept: yes / no

Name of Department if yes: _____

Address: _____ Phone #: _____

Contact Name: _____

Reason for leaving: _____

Do you have any medical conditions that may hinder you from fulfilling your duties as a volunteer firefighter for the Avoca Hose Co. #1? YES or NO

If yes, please list: _____

Have you ever been convicted of, plead guilty to, or plead no contest to a felony offense?

Circle one: YES / NO If yes, what state: ____ Arresting Department: _____

Give brief description of charges and outcome of arrest: _____

You will need to provide three (3) character references that may be contacted by the Avoca Hose Co. #1 Membership Committee. These contacts may be previous employers, co-workers, friends, or family. Be advised that one, all, or none of your references may be contacted before considering your application to the Avoca Hose Co. #1. Please give as much information about your references that you can to make this process as quick as possible.

Reference #1:

Name: _____ Phone #: _____

Address: _____

Years known: _____ Occupation: _____ Relationship: _____

Reference #2:

Name: _____ Phone #: _____

Address: _____

Years known: _____ Occupation: _____ Relationship: _____

Reference #3:

Name: _____ Phone #: _____

Address: _____

Years known: _____ Occupation: _____ Relationship: _____

Your application will be processed in a timely manner. If the General Fire Dept. Body and the Membership Committee finds this application is not suitable for membership, the company shall simply note rejected application and file accordingly. If the General Fire Dept Body and Membership Committee finds this application is suitable for membership, you will be notified in a timely manner by a representative from the Avoca Hose Co. #1. All applications should be handed in to the Avoca Hose Co. #1 Membership Committee by the third (3rd) Monday of each month prior to the monthly meeting.

Avoca Hose Co. #1 is an equal opportunity organization and does not discriminate on the basis of race, creed, color, gender, age, national origin, or sexual orientation.

After this application is submitted to the Avoca Hose Co. #1 for processing, it becomes sole property of this company.

IF THE APPLICANT IS UNDER THE AGE OF 18, A PARENT OR LEGAL GUARDIAN MUST COMPLETE THE FOLLOWING SECTION:

I do hereby consent that my son/daughter, _____, who is _____ years of age may join and fully participate in all functions and duties associated with the Avoca Hose Co. #1 Junior Firefighters Program, and I do hereby exonerate and discharge the Avoca Hose Co. #1, agents, servants, and employees from any and all claims which I may have in the future by reason of any injury or damage to my said son/daughter for any reason whatsoever.

Signature: _____ Date: _____

I hereby affirm that this application contains no willful misrepresentations or falsifications and that the information contained herein is true and complete to the best of my knowledge and belief. I am aware that an investigation at anytime may disclose any misrepresentations or falsifications, and if so, my application will be disapproved and/or my membership shall be terminated with the Avoca Hose Co. #1. If voted into full membership, I understand that if I do not comply with the constitution, bylaws, and any other requirements of the company, my membership will be terminated. I will complete any and all necessary training requirements to be a fully functioning, competent member of the Avoca Hose Co. #1.

Signature of Applicant: _____ Date: _____

Upon completion, return to:

**Avoca Hose Co. #1
740 Main St
Avoca, Pa 18641**