

OAKLAND VOLUNTEER FIRE COMPANY

1741 BEDFORD STREET
JOHNSTOWN, PENNSYLVANIA

15902
(814) 266-5600



www.oaklandfire6.com

ADULT FIRE FIGHTER APPLICATION

PRINT ALL INFORMATION CLEARLY

NAME: – LAST: _____ FIRST: _____ MI: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DATE OF BIRTH: – MONTH: _____ DAY: _____ YEAR: _____

HOME PHONE NUMBER: (____) _____ CELL PHONE NUMBER: (____) _____

ARE YOU A RESIDENT OF THE OAKLAND SECTION OF STONYCREEK TOWNSHIP: – YES: ____ NO: ____

IF NO, WHERE DO YOU LIVE? _____

ARE YOU EMPLOYED? _____ IF YES, NAME OF EMPLOYER: _____

ARE YOU A MEMBER OF ANOTHER FIRE DEPARTMENT? _____ IF SO, WHAT DEPARTMENT? _____

DO YOU HOLD AN OFFICE IN ANOTHER DEPARTMENT? _____

REASON TO BE A **MEMBER OR SOCIAL MEMBER** OF OAKLAND VOLUNTEER FIRE COMPANY? _____

LIST ANY FIRE FIGHTING EXPERIENCES: _____

LIST ANY MEDICAL OR DISABILITIES WHICH YOU MAY HAVE: _____

LIST THREE REFERENCES, ADDRESSES AND PHONE NUMBERS (NOT RELATED OR AFFILIATED WITH O.V.F.C.)

1. _____

2. _____

3. _____

NAME OF BENEFICIARY: _____ RELATIONSHIP: _____

I HEAR BY CERTIFY AND CONFIRM THAT I AM 18 YEARS OR OLDER AND IF ELECTED TO MEMBERSHIP IN THE OAKLAND VOLUNTEER FIRE COMPANY, I SHALL OBEY THE INSTRUCTIONS AND COMMANDS OF ALL ELECTED OFFICERS AND FURTHER I SHALL COMPLY WITH THE CONSTITUTION, BYLAWS, OPERATING PROCEDURES AND ALL SAFETY DIRECTIVES IN EFFECT OR ANY AND ALL CHANGES. I UNDERSTAND THAT I WILL BE ON PROBATION FOR A PERIOD OF 90 DAYS AND THEN EVALUATED FOR OFFICIAL ELECTION TO MEMBERSHIP. I WILL NOT DIVULGE NOR WILL I DISCUSS ANY BUSINESS OF THE OAKLAND VOLUNTEER FIRE COMPANY TO ANY OTHER PERSON OR PERSONS WHO ARE NOT MEMBERS OF THE OAKLAND VOLUNTEER FIRE COMPANY TO ANY OTHER PERSON OR PERSONS WHO ARE NOT MEMBERS OF THE OAKLAND VOLUNTEER FIRE COMPANY, UNLESS SPECIFICALLY AUTHORIZED TO DO SO BY THE EXECUTIVE BODY.

I WILL ANSWER ANY AND ALL ALARMS AND WILL PARTICIPATE IN ANY FIRE COMPANY ACTIVITIES TO THE BEST OF MY ABILITY. I DO HEAR BY AGREE TO THE CONDITIONS REQUIRING ANY **PROBATIONARY PERIOD** (90 DAYS) THAT HAVE BEEN ESTABLISHED BY THE OAKLAND VOLUNTEER FIRE COMPANY.

By signing this application you hear by authorize the Oakland Volunteer Fire Company to obtain a current background investigation and information on yourself. (BACKGROUND INVESTIGATION TO BE COMPLETED BY O.V.F.C.)

APPLICANTS SIGNATURE: _____ DATE: _____

SIGNATURES OF OAKLAND VOLUNTEER FIRE COMPANY SPONSORS:

1. _____

2. _____