



# OLD LYCOMING TOWNSHIP VOLUNTEER FIRE COMPANY

1600 DEWEY AVENUE • WILLIAMSPORT, PA. 17701-1514  
 GENERAL (570)-323-7016 • ADMIN (570)-323-1665 • FAX (570)-323-5473

[WWW.STATION14.ORG](http://WWW.STATION14.ORG)

## Membership Application

### INTRODUCTION

To the members of the Old Lycoming Township Volunteer Fire Company Inc,

I, \_\_\_\_\_, hereby apply for, (check appropriate category), **ACTIVE, COLLEGE, JUNIOR, LIVE-IN, SCUBA,** or **NON-RESIDENT**, membership in the Old Lycoming Township Volunteer Fire Company Inc. (OLFC) I am a citizen of this country and of good character and good standing. A legal form of identification (driver's license) is required, and if elected to membership, I shall abide to all Bylaws and Standard Operating Guidelines of this organization. I hereby certify that all of my statements are true and correct contained within this application

### MEMBERSHIPS

**Active**

**College Student**

**Live-In**

**Junior**

**Scuba**

**Non-resident**

Persons 18 years and older who are interested in fire and ambulance

Attending a local college, or secondary education program

Living at OLFC

Persons 16 to 18 years old

Persons interested in water activities

Persons who live outside of our primary resident area, but work in our required resident area, and are able to leave work for calls. (A full description of membership types can be found in Section 6 of the company bylaws.)

		Official Use Only	
Applicant Signature:		Date Application Accepted:	
Date:		Initial Reading:	
<i>If under 18 years of age, signature of parent or legal guardian is required.</i>		Secretary Signature/Date:	<input type="checkbox"/> <input type="checkbox"/>
		Waiting Period:	
Guardian Signature:		First Vote (Date):	
Date:		Result:	Approved <input type="checkbox"/> Denied <input type="checkbox"/>
Endorsed By:		Secretary Signature/Date:	
Date:		End of 1 <sup>st</sup> Year Vote (Date):	<input type="checkbox"/> <input type="checkbox"/>
<i>Must be endorsed by an Old Lycoming Fire Company Member</i>  <i>This Application Valid for 90 Days</i>		Secretary Signature/Date:	
		Special Vote (Date):	
		Disposition:	Approved <input type="checkbox"/> Denied <input type="checkbox"/>
		Secretary Signature/Date:	



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## GENERAL INFORMATION

Date:		(1) Street Address:	
Name:		City/State/Zip Code:	
Sex:		Township:	
Age:		<i>(College students; list your Home address in (1), College address in (2))</i>	
Date of Birth:		(2) Street Address:	
SS#		City/State/Zip Code:	
Married?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Township:	
# of Dependents:		Primary Phone:	
Spouse's Name:		Mobile Phone:	
Driver's License#:		Email Address:	
State of Issue/Class	/	Occupation:	
Expiration Date:		Employer/Phone:	
		Employer Address:	
<b>List two (2) most recent Past Employers (Name, Address, Phone, Occupation)</b>			
<b>List three (3) References (cannot be relatives) (Name, Address, Phone)</b>			



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## CHILD PROTECTIVE SERVICES LAW CLEARANCES

Have you ever been convicted, pled guilty or pled no contest to a misdemeanor or felony?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, explain:		
Have you ever had any traffic violations?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, explain:		
Have you ever had your license revoked or suspended?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, please state reason and length of time:		

## PENNSYLVANIA STATE POLICE BACKGROUND CHECK

**\*\*Section to be completed if you are an adult, 18 years of age or older\*\***

Do you have a current PA State Police Background Clearance? (Within past 3 years)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="checkbox"/> If Yes, please include a copy of the clearance with this application.		
<input type="checkbox"/> If No, please submit \$10.00 with this application and it will be completed for you.		

## PENNSYLVANIA CHILD ABUSE HISTORY CLEARANCE

**\*\*Section to be completed if you are an adult, 18 years of age or older\*\***

Do you have a current PA Child Abuse History Clearance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="checkbox"/> If Yes, please include a copy of the clearance with this application.		
<input type="checkbox"/> If No, complete this clearance via <a href="http://www.compass.state.pa.us/cwis">www.compass.state.pa.us/cwis</a> and attach a copy to this application. (\$10.00 fee)		

## FEDERAL BUREAU OF INVESTIGATION CRIMINAL BACKGROUND CHECK

**\*\*Section to be completed if you are an adult, 18 years of age or older\*\***

Do you have a current FBI Criminal Background Clearance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you been a resident in the Commonwealth of PA for ten (10) continuous years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="checkbox"/> If Yes to the first question, please include a copy of the clearance with this application.		
<input type="checkbox"/> If Yes to the second question, sign the waiver listed on Page 9 of this application.		
<input type="checkbox"/> If No to both questions, you will need to complete the clearance, the current cost is \$25.75. Please contact the membership committee for assistance with locating the closest FBI Clearance Center so you may complete this requirement.		



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## EDUCATION (COMPLETED BY APPLICANTS FOR COLLEGE OR LIVE-IN MEMBERSHIP)

High School:	Check One:
	Academic <input type="checkbox"/> Vocational <input type="checkbox"/> Course _____

College, Trade School Attended	Major Field	No. of Credits	Degree Awarded	Dates Attended

Other Training School/Address/City/State	Type of Training	Length Hours/Week

## HEALTH

Date of Last Physical:	Can you provide a copy of the Physical:
	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have disabilities that would prevent you from performing EMS/FF related duties?	
Yes <input type="checkbox"/> No <input type="checkbox"/>	
If Yes, Explain:	



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## AFFILIATIONS

If you are a member from another department or association within the last year, letter of recommendation from The Chief or appropriate company representative is required.

Department Name	Location	Calls per Month	Date of Membership

Vehicle Driving Experience:	Ambulances: Yes <input type="checkbox"/> No <input type="checkbox"/>	Pumpers: Yes <input type="checkbox"/> No <input type="checkbox"/>
Other, explain:		

## CERTIFICATIONS (COPIES OF ALL CERTIFICATIONS MUST BE PROVIDED)

List all Fire and / or EMS service that you have been associated with in the past.  
 Copies of all past Fire / EMS training certificates or cards must be attached to this application upon submission.  
 List any training that you do not have certificates or cards for below.

Firefighter 1	First Aid	EMR
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Firefighter 2	CPR	Haz-Mat
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Vehicle Rescue	EMT	Scuba
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>List Additional Training not Specified above, or elaborate on above Training Certifications</b>		