



**SWEET VALLEY VOLUNTEER FIRE CO.
P.O. BOX 207
5383 MAIN ROAD
SWEET VALLEY, PA 18656-0207**

**Sweet Valley Volunteer Fire Company
Application Cover Page**

As an applicant you are responsible to submit the following items;

- Completed SVVFC Application - Enclosed
- \$5.00 Application/Initial Dues Fees
- SVVFC By-Law Sign Off Sheet –
You will be given a copy to read. Please read by-laws completely
- Volunteer Firemen's Insurance Service Personnel File Form
- Pennsylvania State Police Criminal History Check Form (Over 18 Only)
- Form: Notification and Authorization to Release Criminal Information and Child Abuse Clearances for Member Purposes.
- Complete a Pennsylvania Child Abuse History Clearance Form.
A waiver code will be provided to you.

Failure to present all of these items could result in a delayed application process.



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APPLICATION FOR MEMBERSHIP

Membership Class: Active ___ Social ___ Junior ___

Name: _____ Date of Birth: _____

Current Address: _____

City / State: _____ Zip Code: _____

Telephone: (H) _____ (W) _____

Previous Address: _____

City / State: _____ Zip Code: _____

Current or Previous memberships with other Fire or EMS departments:

Department Name: _____ Telephone: _____

Department Name: _____ Telephone: _____

Please list any health conditions / allergies that may affect your ability to perform firefighting duties: _____

Please list any criminal arrests or citations you have received in the past ten (10) years: _____

By signing below, I attest that the information provided is true and I authorize the Sweet Valley Volunteer Fire Company to perform necessary verifications and background checks.

Signature: _____ Date: _____

**** FOR JUNIOR MEMBERSHIP ONLY ****

As a Parent or Guardian of the above, I attest the date of birth to be correct and hereby give my consent for my child to be a Junior member in the Sweet Valley Volunteer Fire Company.

Parent / Guardian Signature: _____

RECOMMENDING MEMBER: As an Active, Active Reserve, or Lifetime member, I recommend the above candidate for membership in the Sweet Valley Volunteer Fire Company.

Recommending Member Signature: _____



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*****FOR FIRE COMPANY USE ONLY*****

The Membership Application Review Committee shall consist of the Sweet Valley Volunteer Fire Company Fire Chief (chairman), Deputy Fire Chief, and President.

Date Application received by Review Committee: _____

Review Committee Recommendation: Favorable: _____ Unfavorable: _____

Signature: _____

Date Pennsylvania Criminal History Check Received: _____

No Record Criminal Record Attached

Regular Fire Company Meeting Date when Recommendation Presented: _____

Regular Meeting Ballot Results: Accepted _____ Rejected _____

 Meeting 1: _____

 Meeting 2: _____

 Meeting 3: _____

Six Month Probationary Period End Date: _____

Regular Meeting Ballot Results for Full Membership:

 Accepted _____ Rejected _____

Applicant Name: _____