

**Kunkle Fire Company, Inc.**  
**RR 1, Box 301A**  
**Dallas PA 18612**  
**(570) 675-3334**  
**Fax (570) 675-3261**

**Volunteer Membership Application**

- 1.) Name:(Last) \_\_\_\_\_ (First) \_\_\_\_\_  
(Middle) \_\_\_\_\_ (Maiden) \_\_\_\_\_
- 2.) Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
- 3.) Phone(Home) \_\_\_\_\_ (Cellular) \_\_\_\_\_
- 4.) Education (Name and Address of Schools Attended):  
\_\_\_\_\_ Diploma(Y)  (N)   
\_\_\_\_\_ Diploma(Y)  (N)   
\_\_\_\_\_ Diploma(Y)  (N)
- 5.) Present Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Occupation \_\_\_\_\_  
Phone \_\_\_\_\_  
May we contact your current employer(Y) \_\_\_\_\_ (N) \_\_\_\_\_
- 6.) Have you ever been convicted of a felony?(Y) \_\_\_\_\_ (N) \_\_\_\_\_
- 7.) Summarized special skills and qualifications:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 8.) List professional, trade, business or civic activities and office held. (Exclude those which indicate race, color, religion, sex or nationality.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9.) Driver Experience and Qualifications  
Issuing State of Valid Driver License: \_\_\_\_\_  
Operators License Number: \_\_\_\_\_  
(Attach copy of current license)  
Class: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_  
Has your driver's license, permit or privilege to operate a motor vehicle been  
suspended or revoked during the last three years? (Y) \_\_\_\_\_ (N) \_\_\_\_\_

Do you currently have any points on your valid drivers license? \_\_\_\_\_

*The information provided will be used to investigate drivers history.*

10.) Are you currently or have you ever been a member of a fire department,  
Rescue squad or ambulance? (Y) \_\_\_\_\_ (N) \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Position Held \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

List All Related Training You Completed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11.) In a brief paragraph, state why you wish to join this department, what the  
Department can gain from your membership, and what you expect to gain  
from your membership.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12.) Do you have any physical impairments that may prevent you from performing  
The duties of a fire/rescue personnel? (If yes please state)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13.) Health: Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_

14.) List name, address, telephone number and job titles of three references who  
Are not related to you:

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_

**Declaration:**

The information on this application is accurate and subject to verification by the Kunkle Fire Company, Inc. I understand the furnishing of any misleading or incorrect information may result in termination of my association with this company. I hereby give permission to the Kunkle Fire Company, Inc. or its duly educational institutions named in this application. I agree that I will not disclose or use in connection with my association with the Kunkle Fire Company, Inc. any confidential or proprietary information. I understand that my membership with Kunkle Fire Company, Inc. is at will, and either I or the Kunkle Fire Company, Inc. may terminate the relationship at any time, for any reason, with or without cause. This certifies that this application was completed by me and that all entries and information in it are true and complete to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date