

# Kunkle Fire Company Inc.

3943 SR 309 Highway

Dallas, Pa 18612

570-675-3334

Kunklefire.com



## Volunteer Membership Application

### Personal Information

Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Are you a citizen of the United States? YES \_\_\_ NO \_\_\_ Current Occupation \_\_\_\_\_

Are you at least 18 years old? YES \_\_\_ NO \_\_\_ If NO, How old are you? \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Class: \_\_\_\_\_

Has your driver's license ever been suspended or revoked? YES \_\_\_ NO \_\_\_

If YES, please provide details and dates: \_\_\_\_\_

Have you ever been convicted of a felony? YES \_\_\_ NO \_\_\_

If YES, please provide details and dates: \_\_\_\_\_

Please list any special skills or qualifications: \_\_\_\_\_

Briefly tell us why you would like to join Kunkle Fire Company \_\_\_\_\_

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

## Education

Name of High School: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Last Grade Completed: \_\_\_\_\_ Diploma Received? YES \_\_\_ NO \_\_\_ Date of Graduation: \_\_\_\_\_

College/ Trade School: \_\_\_\_\_

Credit or Degree Earned: \_\_\_\_\_

Any relevant training received: \_\_\_\_\_

## Employment

Current Employer: \_\_\_\_\_ Dates Employed \_\_\_\_\_ to \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

## Emergency Contact

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## Fire/ Rescue Experience

Have you ever applied to Kunkle Fire Company? YES \_\_\_ NO \_\_\_ If YES, Date applied \_\_\_\_\_

Have you ever applied to another fire/rescue/ems department/squad? YES \_\_\_ NO \_\_\_

If YES, please answer below.

Department: \_\_\_\_\_ Dates of Service: \_\_\_\_\_ to \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Chief's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Reason for leaving: \_\_\_\_\_

List all related training you completed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any physical impairments that may prevent you from performing the duties of fire/rescue personnel?

YES \_\_\_ NO \_\_\_ If Yes, please describe \_\_\_\_\_

## References

Please list 3 people that are not related to you as references

Name: \_\_\_\_\_ Years Known: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Years Known: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Years Known: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

## Declaration

The information on this application is accurate and subject to verification by Kunkle Fire Company Inc. I understand that furnishing any misleading or incorrect information may result in termination of my association with this company. I hereby give permission to Kunkle Fire Company Inc. to verify all information provided on this application. I agree that I will not disclose or use in connection with my association with Kunkle Fire Company Inc. any confidential or proprietary information. I understand that my membership if approved is at will and either I or Kunkle Fire Company Inc. may terminate the relationship at any time, for any reason, with or without cause. I certify that I completed this application and all information is true and complete to the best of my knowledge.

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date