

West Shore Bureau of Fire



Membership Application

610 Herman Avenue

Lemoyne, PA 17043

(717) 737-2924

www.wsbfb.org



PERSONAL INFORMATION

LAST NAME	FIRST NAME	MIDDLE INITIAL	DATE OF APPLICATION		
CURRENT ADDRESS		CITY	STATE	ZIP CODE	
DAY TELEPHONE NO.	EVENING TELEPHONE NO.	MOBILE PHONE NO.	E-MAIL ADDRESS		
DATE OF BIRTH	LAST FOUR S.S. NO.	DRIVER'S LICENSE - STATE/LICENSE NO./EXPIRATION DATE			
OCCUPATION		EMPLOYER			
LIST ANY TRAFFIC VIOLATIONS OF WHICH YOU HAVE BEEN FOUND GUILTY BELOW - NOTE THE DATE OF THE VIOLATION					

FIRE STATION PREFERENCE (check one)

- ☐ Station 1, 610 Herman Avenue, Lemoyne
- ☐ Station 2, 18 Market Street, Wormleysburg

MEMBERSHIP CLASS (check one)

- ☐ Active Firefighter Responds to fire calls, attends company meetings and participates in fundraising events
- ☐ Social Member Attends meetings and participates in fundraising events
- ☐ Junior Member 14 to 17 years old, attends company meetings and participates in fundraising events
- ☐ Fire Police Traffic control, attends company meetings and participates in fundraising events

EDUCATION HISTORY

High school attended	Did you graduate ☐ YES ☐ NO	If not, do you have a GED (check one)? ☐ YES ☐ NO
College attended	Did you graduate ☐ YES ☐ NO	Major
Technical school attended	Did you graduate ☐ YES ☐ NO	Major

SECURITY INFORMATION

Have you ever been convicted of a felony or misdemeanor other than a traffic offense? ☐ YES ☐ NO
(Conviction of a felony or misdemeanor will not automatically disqualify an individual from membership.)
If yes, please list date, city and charge:

EMERGENCY SERVICE TRAINING EXPERIENCE

Attach a list and copies of your trainings and/or certifications to this application.

EMERGENCY SERVICE TRAINING EXPERIENCE

List any other experience or skills that may be beneficial (fundraising, administration, clerical, etc.)
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PRIOR FIRE DEPARTMENT REFERENCES

Are you presently or have been a member of another fire department? ☐ YES ☐ NO
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If yes, please list company name, address, telephone number and dates active below.

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| 1. | May we contact? ☐ YES ☐ NO If no, explain why. |
| 2. | May we contact? ☐ YES ☐ NO If no, explain why. |
| 3. | May we contact? ☐ YES ☐ NO If no, explain why. |

CHARACTER REFERENCES – Please list three (3) references for verification who are not related to you.

Name	Relationship	Contact Number
Address		Member of any fire company?
Name	Relationship	Contact Number
Address		Member of any fire company?
Name	Relationship	Contact Number
Address		Member of any fire company?

Why are you interested in becoming a member of the West Shore Bureau of Fire?

Applicant's signature _____	Date _____
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Parent's signature _____	Date _____
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(Required if applicant is under the age of 18)

Please do not write below this line. For office use only.

Date application received	PA Child Abuse Rec'd	FBI Background Rec'd	PSP Background Rec'd
6 month probation approval date	Date of full membership approval	Rejected	

Membership Secretary Signature _____	Date _____
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Notes: