



# Eureka Volunteer Fire and Ambulance Company

82 North Main St  
PO Box 457  
Stewartstown, PA 17363

Thank you for your recent request for an application for membership in the Eureka Volunteer Fire and Ambulance Company. Volunteer companies such as ours need special people to serve and assist in our community in many capacities. Our company has been professionally staffed by volunteers since 1906 and we are glad you have decided to apply.

Enclosed is our membership application. Please fill out the application form as completely as possible. Your signature on this form serves as consent for a criminal background investigation. Please return your application in the envelope provided. Please include a check or money order made payable to Eureka Volunteer Fire and Ambulance Company in the amount of \$10.00 to cover the cost of your background check.

Following receipt of your application and the completion of your background check, we will contact you to schedule an interview with the investigative committee. The interview is an informal meeting and we will discuss:

- The essential job functions for the divisions for which you are applying.
- General company Standard Operating Procedures and Bylaws.
- Our expectations of you as a member.

Please bring to the interview any copies of certifications you possess.

At the end of the interview, we will vote on your application. You will be notified of our decision quickly. At the next regular company meeting you will be appointed to the company roster. You are welcome to attend that meeting to meet the members of the company and your officers.

Thank you for your interest in helping to serve our community. We look forward to you joining Eureka.

Yours truly,

The members of Eureka Volunteer Fire and Ambulance Company

# Eureka Volunteer Fire and Ambulance Company, Inc.

82 North Main St

(717) 993-6180

PO Box 456

www.eureka54.com

Stewartstown, PA 17363

Name:		
Address:		
City:	State:	Zip:
Home Phone:		
Cell Phone:		
Email:		
Employer:		
Title:		
Birth Date:	SSN:	Sex:

Interested in serving with	Prior experience
Fire	Yes No
EMS	Yes No
Fire Police	Yes No
Social Only	Yes No

<b>Are you a licensed driver?</b>	
Yes	No

If your membership is accepted and you opt to be a driver, we will order a copy of your driving record.

<b>In case of emergency, notify:</b>	
Name:	Relationship:
Phone:	

**Relevant Prior Emergency Services Experience**

**Can We Call?**

Company:	Title:	Phone:	Y	N
Details:				
Company:	Title:	Phone:	Y	N
Details:				
Company:	Title:	Phone:	Y	N
Details:				
<i>Please use the back of this page for any additional relevant experience.</i>				

The information provided is true and accurate to the best of my knowledge and I understand that any falsification could result in the cancellation of my application or, if approved for membership, the termination of my membership. I also grant Eureka Fire and Ambulance Company permission to conduct a criminal background investigation as well as a child abuse background investigation through the PA State Police Department to verify any/all of the information provided.

Signature:	Date:
------------	-------

If the applicant is under the age of 18 as of the date of submission, a parent or guardian must approve this application by signing below. A work permit is required and a copy must be submitted with this application. Work permits can be obtained through your school.

Signature:	Relationship:	Date:
------------	---------------	-------

<- Write in your return address

Eureka Volunteer Fire and Ambulance Company  
PO Box 457  
Stewartstown, PA 17363

Attn. Investigative Committee

Fold this side out for mailing.  
Make sure addresses appear  
in window.

Existing Certifications	Cert # (if applicable)	Exp Date	State or Vendor (if applicable)

List anything such as CPR/AED, EMT, Firefighting Essentials, Fire Police Basic, National/Pro Board Certs, etc.

Additional Information

---



---



---



---



---



---



---



---



---



---



---