



BELLE VALLEY FIRE DEPARTMENT ***APPLICATION FOR MEMBERSHIP***

DATE OF APPLICATION

NAME: LAST		FIRST	MIDDLE
ADDRESS / CITY / STATE / ZIP			
PHONE – HOME	CELLULAR		
E-MAIL ADDRESS		MEMBERSHIP CLASSIFICATION <input type="checkbox"/> FIRE FIGHTER <input type="checkbox"/> FULL DUTY <input type="checkbox"/> DRIVER ONLY <input type="checkbox"/> EMS ONLY <input type="checkbox"/> FIRE POLICE <input type="checkbox"/> JUNIOR FIRE FIGHTER <input type="checkbox"/> ASSOCIATE	
SOCIAL SECURITY NUMBER			
DATE OF BIRTH	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		

EMERGENCY CONTACT		
NAME: LAST	FIRST	PHONE
RELATIONSHIP:		

REFERENCES		
NAME: LAST	FIRST	PHONE
NAME: LAST	FIRST	PHONE
NAME: LAST	FIRST	PHONE

PRIOR FIRE DEPARTMENT EXPERIENCE				
HAVE YOU EVER BEEN A MEMBER OF A FIRE DEPARTMENT? YES / NO				
NAME	CITY/STATE	PHONE	YEARS	CHIEF'S NAME

LIST ALL FIRE, RESCUE, HAZ MAT, EMS & RELATED COURSES YOU HAVE COMPLETED ON THE
BACK PAGE OF THIS APPLICATION.
YOU SHOULD PROVIDE A PHOTO COPY OF ALL COMPLETED COURSES FOR ENTRY INTO YOUR FILE.

EMPLOYMENT

WHAT IS YOUR OCCUPATION?

BUSINESS / COMPANY YOU WORK FOR:

COMPANY NAME: _____

ADDRESS: _____

PHONE: _____ SUPERVISOR NAME: _____

HOW LONG EMPLOYED? _____

EDUCATION INFORMATION

PLEASE INDICATE AS APPROPRIATE:

- HIGH SCHOOL DIPLOMA (RECEIVED)
- GED (RECEIVED)
- HIGH SCHOOL STUDENT (CURRENT)

YEAR GRADUATED
OR RECEIVED GED?

HIGH SCHOOL NAME & LOCATION

HIGHER EDUCATION—MARK AS APPROPRIATE:

- COLLEGE
- TRADE SCHOOL
- OTHER / NONE

COURSE OF STUDY:

HIGHER EDUCATION SCHOOL NAME & LOCATION

MILITARY INFORMATION

DO YOU HAVE MILITARY EXPERIENCE:
YES / NO

WHAT BRANCH?

YEARS OF SERVICE

CRIMINAL HISTORY

TO BE CONSIDERED FOR MEMBERSHIP, A CRIMINAL HISTORY CHECK WITH THE PENNSYLVANIA STATE POLICE MUST BE COMPLETED. DO YOU CONSENT TO THE BACKGROUND CHECK?

YES / NO

HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR, A FELONY OR OTHER VIOLATION OF THE LAW?

YES / NO

IF YOU ANSWERED YES PLEASE EXPLAIN:

DRIVING INFORMATION

DO YOU HAVE A VALID PENNSYLVANIA DRIVERS LICENSE:
YES / NO

WHAT IS YOUR OPERATORS LICENCE NUMBER (OLN)

HAS YOUR LICENSE EVER BEEN RESTRICTED OR REVOKED?
YES / NO

IF YES – PLEASE EXPLAIN:

BENEFICIARY INFORMATION

PLEASE LIST YOUR BENEFICIARY:

NAME: _____

ADDRESS: _____

PHONE: _____ RELATIONSHIP: _____

PERSONAL INFORMATION

THIS SECTION IS OPTIONAL - YOU DO NOT NEED TO COMPLETE IT IF YOU DO NOT WANT TO

FAMILY INFORMATION

ARE YOU MARRIED?

- YES
- NO
- ENGAGED

SPOUSES NAME: _____

DO YOU HAVE CHILDREN

- YES
- NO

CHILDRENS NAMES

PHYSICAL INFORMATION

DO YOU HAVE ANY PHYSICAL, HEARING OR SIGHT IMPAREMENTS THAT MAY HINDER YOUR ABILITY TO PERFORM A DUTY WITHIN THE BELE VALLEY FIRE DEPARTMENT?

- YES
- NO

PLEASE EXPLAIN (NOT MANDATORY)

SPECIAL ABILITIES / SKILLS

DO YOU HAVE ANY SPECIAL ABILITIES OR SKILLS THAT YOU CAN PERFORM (I.E. – COMPUTERS, MECHANICS, WELDING, ETC).

CONSENT OF AUTHORIZATION AND SIGNATURE

I hereby certify that I voluntarily and freely provided the information stated in this application.

I further certify that all statements on this form are true and correct to the best of my knowledge and belief.

By signing this application I give Belle Valley Fire Department, Inc. authorization to investigate these facts to their fullest.

I also understand all the duties involved with and physical dangers that can result from being a volunteer firefighter with the Belle Valley Fire Department, Inc. I hereby assume the risk related thereto.

SIGNATURE _____ DATE: _____

OFFICE USE ONLY – DO NOT WRITE IN THIS SECTION

DATE OF INTERVIEW:	INTERVIEWED BY:
DATE OF BUSINESS MEETING VOTE:	REMARKS: _____ _____ _____
OUTCOME OF VOTE: <input type="checkbox"/> ACCEPTED <input type="checkbox"/> DECLINED <input type="checkbox"/> TABLED	

