

POLK TOWNSHIP VOLUNTEER FIRE COMPANY

P.O. BOX 174

KRESGEVILLE, PA. 18333

(610)-681-4370

MEMBERSHIP APPLICATION

DATE OF BIRTH: _____ DATE RECEIVED: _____ DATE ACCEPTED: _____

NAME: _____ SOCIAL SECURITY #: _____

ADDRESS: _____ TOWNSHIP: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _____ CELL PHONE: _____

E-MAIL: _____

DRIVERS LICENSE NUMBER: _____ STATE: _____

DRIVERS LICENSE CLASS: _____ ENDORSEMENTS: _____

HIGH SCHOOL EDUCATION

DO YOU HAVE A HIGH SCHOOL DIPLOMA OR GED? _____

HIGH SCHOOL: _____ ADDRESS: _____

DATE ATTENDED: _____

COLLEGE EDUCATION

DO YOU HAVE A COLLEGE DEGREE? _____ TYPE: _____

COLLEGE/UNIVERSITY ATTENDED: _____

DATE ATTENDED: _____ MAJOR: _____

TRADE SCHOOL EDUCATION

TRADE SCHOOL ATTENDED: _____

DATE ATTENDED: _____ SKILL: _____

WAS A DIPLOMA OR CERTIFICATE RECEIVED? _____

EMPLOYMENT

OCCUPATION: _____ SHIFT: _____

NAME OF EMPLOYER: _____

NAME OF SUPERVISOR: _____

ADDRESS OF EMPLOYER: _____

PHONE NUMBER OF EMPLOYER: _____

HOW LONG HAVE YOU WORKED FOR THIS EMPLOYER? _____

PREVIOUS FIRE COMPANY EXPERIENCE

COMPANY: _____ LOCATION: _____ POSITION: _____ YEARS: _____

COMPANY: _____ LOCATION: _____ POSITION: _____ YEARS: _____

COMPANY: _____ LOCATION: _____ POSITION: _____ YEARS: _____

DO YOU HAVE ANY FIREFIGHTING OR EMS TRAINING? _____

IF SO PLEASE LIST BELOW

PLEASE PHOTO COPY ANY CERTIFICATES AND TURN IN WITH APPLICATION.

REFERENCES

PLEASE LIST THREE (3) REFERENCES WHO ARE NOT RELATED TO YOU

NAME: _____ ADDRESS: _____ PHONE: _____

NAME: _____ ADDRESS: _____ PHONE: _____

NAME: _____ ADDRESS: _____ PHONE: _____

MEDICAL HISTORY

DO YOU HAVE ANY ALLERGIES? _____

IF SO PLEASE LIST: _____

DO YOU HAVE A HISTORY OF HIGH BLOOD PRESSURE? _____

IF SO PLEASE LIST MEDICATION AND DOSAGE: _____

ARE YOU DIABETIC? _____

IF SO PLEASE LIST MEDICATION AND DOSAGE: _____

HAVE YOU BEEN TREATED FOR EPILEPSY? _____

DATE OF LAST SEIZURE: _____

PLEASE LIST MEDICATION AND DOSAGE: _____

HAVE YOU LOST SIGHT IN EITHER EYE? _____ RIGHT: _____ LEFT: _____

ARE YOU COLOR BLIND? _____

ARE YOU PRESCRIBED CORRECTIVE LENSES, EITHER GLASSES OR CONTACTS? _____

HAVE YOU LOST HEARING IN EITHER EAR? _____ RIGHT: _____ LEFT: _____

ARE YOU PRESCRIBED A HEARING AID? _____

HAVE YOU EVER BEEN TREATED FOR HEART DISEASE? _____

DO YOU HAVE A PACE MAKER? _____

PLEASE LIST MEDICATION AND DOSAGE: _____

PLEASE LIST ANY OTHER HEALTH RELATED INFORMATION, APPLICABLE TO YOUR MEDICAL HISTORY NOT LISTED ON THIS APPLICATION.

NOTES

- FIRE COMPANY POLICY REQUIRES A PROBATIONARY PERIOD OF A MINIMUM OF SIX (6) MONTHS TO, TWO (2) YEARS. WITHIN YOUR FIRST TWO YEARS FROM THE DATE OF ACCEPTANCE TO ACTIVE STATUS, YOU MUST COMPLETE A STATE COURSE IN FIREFIGHTING ESSENTIALS OR THE EQUIVALENT FIRE POLICE TRAINING.
- ACTIVE FIREFIGHTERS ARE REQUIRED TO ATTEND AT LEAST 50% OF DRILLS, 50% OF GENERAL BUSINESS MEETINGS, 20% OF ALL EMERGENCY CALLS, 10% OF SPECIAL ASSIGNMENTS AND WORK A PREDETERMINED NUMBER OF FUND RAISING ACTIVITIES.
- BY SIGNING THIS APPLICATION FOR ACTIVE MEMBERSHIP, IT IMPLIES THAT YOU WILL OBEY ALL RULES AND REGULATIONS AS STATED IN THE BY-LAW'S AND POLICY'S OF THE POLK TOWNSHIP VOLUNTEER FIRE COMPANY.
- BY SIGNING THIS APPLICATION FOR ACTIVE MEMBERSHIP YOU HAVE AGREED TO SUBMIT TO PERSONAL BACKGROUND CHECK AND DRIVING RECORD IN THE STATE OF PENNSYLVANIA AND ALL OTHER STATES YOU HAVE LIVED IN, IN THE PAST TEN (10) YEARS AND A PHYSICAL EXAMINATION BY THE POLK TOWNSHIP VOLUNTEER FIRE COMPANY'S PHYSICIAN.
- MEMBERSHIP IS CONTINGENT ON THE OUTCOME OF THE PHYSICIAN'S EXAMINATION.
- ALL MEMBERS ARE ELIGIBLE FOR A TWENTY THOUSAND DOLLAR (\$20,000) LIFE INSURANCE POLICY, WHICH STAYS WITH YOU FOR LIFE AFTER TWENTY (20) YEARS OF SERVICE.
- IF YOU LEAVE THIS COMPANY FOR ANY REASON ALL ISSUED EQUIPMENT MUST BE TURNED INTO THE PRESIDENT OF THE COMPANY.

BY SIGNING THIS APPLICATION YOU AGREE THAT ALL THE INFORMATION PROVIDED IS TRUE AND CORRECT TO THE BEST OF YOUR KNOWLEDGE.

SIGNATURE: _____

PRINT: _____

DATE: _____

PERSONAL BACKGROUND: _____

DRIVING RECORD: _____

PHYSICAL EXAMINATION: _____