

Perrysville Volunteer Fire Company

985 Perry Highway, Pittsburgh, PA 15237
(Membership Application)

Date: _____

Membership Desired (Check one)

Active Firefighter Junior (16-17yrs) Fire Police Associate Firefighter Associate Administrative

Personal Information

Name: _____ Date of Birth: _____ Age: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Mobile Phone: _____ Pager: _____

Email Address: _____ Social Security Number: _____

Do you live in the Perrysville District? _____

Employment Information

Current Employer: _____ Supervisors Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____

Do you work in the Perrysville District? _____ if yes, are you able to leave for fire calls? _____

Beneficiary Information

Beneficiary: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Mobile Phone: _____

In case of emergency contact: _____ Relationship: _____

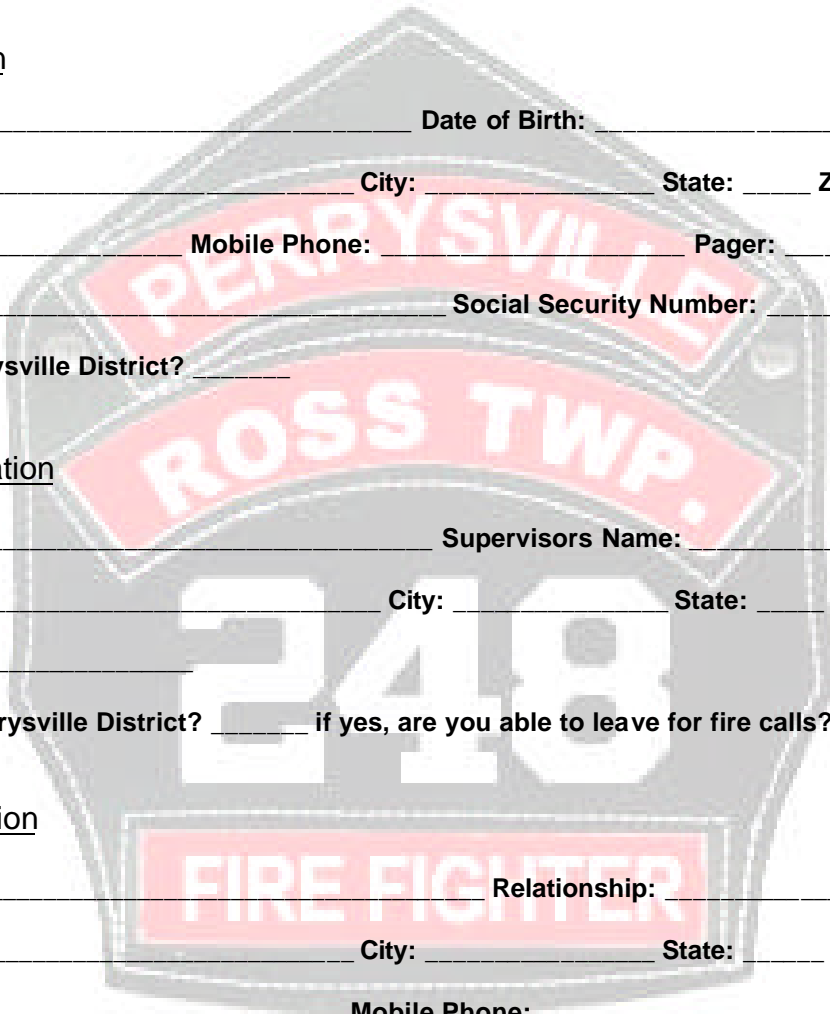
Home Phone: _____ Mobile Phone: _____

Personal Vehicle Information

Drivers License Number: _____

Make: _____ Model: _____ License Plate: _____

Insurance Company: _____ Policy Number: _____



Medical Information

Do you have any physical or medical problem? (If yes please explain) _____

Are you under the care of a physician or psychiatrist? (If yes please explain) _____

Do you have any mental problems (If yes please explain) _____

Please List any medications that you take and the reason why

Date of last physical exam? _____ Blood Type: _____

Other Information

Have you ever been convicted of a crime? (If yes, please explain) _____

Has your driver's license ever been suspended or revoked? (If yes, please explain) _____

Previous Firefighting Experience

If you have previous experience and are applying for Active membership you will need to provide a copy of all certifications and certificates listed in this section, to the Chief or line officer of Perrysville upon acceptance into the organization.

If you are applying for an Associate Firefighter membership you will need to provide a copy of all certifications and certificates listed in this section, to the Chief or line officer of Perrysville for review before being accepted into the organization.

Attach Additional sheets if necessary for each section below

List all previous Emergency organizations below.

Organization	Address	Phone Number	Dates as Member	Chief or Director

List all licenses and/or certifications you have completed (firefighter 1, EMT, etc.)

Certification	State Certification Number

List all training certificates that you have completed (essentials, structural burn, etc.)

Course Name	Date	Location	Course Hours

Signature of Legal Guardian if under 18 years of Age

I, _____, hereby authorize the Perrysville Volunteer Fire Company to take my son or daughter to the hospital for any medical treatment as a result of an accident or injury that may result by being a member of the Perrysville Volunteer Fire Company.

I authorize the investigation of all information contained in this application. I understand that misrepresentation or omission of facts called for herein will be sufficient cause for cancellation of consideration for membership or termination of membership from the Perrysville Volunteer Fire Company.

I authorize the Perrysville Volunteer Fire Company in cooperation with the Ross Township Police Department to conduct a background investigation check including criminal and driver license history.

If Accepted, I promise to abide by all rules and regulations as set forth in the constitution and by-laws of the Perrysville Volunteer Fire Company.

Signature: _____ Date: _____

Internal Use Only

Date Accepted: _____ Date Sworn in: _____

#1

#2

#3

MEMBERSHIP COMMITTEE or EXECUTIVE BOARD MEMBERS SIGNATURES ONLY.