



# PATTISON AREA VOLUNTEER FIRE DEPARTMENT



## *Application for Volunteer Membership*

### PERSONAL INFORMATION

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
 \_\_\_\_\_  
(City) (State) (Zip Code)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_  
 \_\_\_\_\_  
(City) (State) (Zip Code)

Work Phone: \_\_\_\_\_ Extension: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN #: \_\_\_\_\_

Are you at least 18 years old? Yes:  No:

Have you been convicted of a misdemeanor or felony in the past 7 years? Yes:  No:  If yes, please explain:  
 \_\_\_\_\_

Do you object to being fingerprinted? Yes:  No:

### EMERGENCY CONTACT INFORMATION

Emergency Contact Person's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name of Physician: \_\_\_\_\_

Employer's Address: \_\_\_\_\_  
 \_\_\_\_\_  
(City) (State) (Zip Code)

Physician's Office Phone: \_\_\_\_\_

Known Allergies (Medicine or other): \_\_\_\_\_

### DRIVING INFORMATION

Do you have a current Driver's License? Yes:  No:

If Yes, License #: \_\_\_\_\_ State: \_\_\_\_\_ Exp: \_\_\_\_\_

What class type of Driver's License do you have? \_\_\_\_\_

List any restrictions on your Driver's License: \_\_\_\_\_

Do you have liability insurance? Yes: \_\_\_\_\_ No: \_\_\_\_\_

List Insurance Company Name and phone number \_\_\_\_\_

Do you have a reliable vehicle that you can operate to respond to emergency calls? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Have you had any motor vehicle accidents or violations in the past 3 years in any state? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### PREVIOUS FIREFIGHT & EMT EXPERIENCE

### DRIVING INFORMATION

Do you have any firefighter training? If so, check all that apply.

\_\_\_\_\_ Essentials Module I                      \_\_\_\_\_ SCBA                      \_\_\_\_\_ Pump Operations

\_\_\_\_\_ Firefighter I                      \_\_\_\_\_ Firefighter II                      \_\_\_\_\_ Firefighter III

\_\_\_\_\_ Haz-Mat Awareness                      \_\_\_\_\_ Standard First Aid                      Expires: \_\_\_\_\_

\_\_\_\_\_ EMT                      Expires: \_\_\_\_\_                      \_\_\_\_\_ EMT - P                      Expires: \_\_\_\_\_

Other: \_\_\_\_\_

How many hours of training have you accumulated? \_\_\_\_\_

Do you hold any special licenses or certifications? \_\_\_\_\_

Have you been a member of the PAVFD before? If so, when? \_\_\_\_\_

Are you or were you ever a member of another fire department, ambulance company or volunteer organization? Please list names & dates:

\_\_\_\_\_  
\_\_\_\_\_

Were you ever suspended or had your membership revoked from another company for any reason? Please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If your membership is approved, do you plan on being: (Check One)

\_\_\_\_\_ Regular

\_\_\_\_\_ Associate

\_\_\_\_\_ Junior

Availability for Emergencies: \_\_\_\_\_ Weekdays      \_\_\_\_\_ Evenings      \_\_\_\_\_ Nights      \_\_\_\_\_ Weekends

Would you be willing to give blood in an emergency should the need arise? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Blood Type: \_\_\_\_\_

### MEDICAL HISTORY

1. Eyesight:

a. Have you lost the use of either eye? \_\_\_\_\_ Left                      \_\_\_\_\_ Right

b. Is peripheral (side) vision restricted? \_\_\_\_\_ Yes                      \_\_\_\_\_ No

c. Are you color blind? \_\_\_\_\_ Yes                      \_\_\_\_\_ No

d. Do you have or have you ever had cataracts? \_\_\_\_\_ Yes                      \_\_\_\_\_ No

e. Do you have any deficiencies corrected by glasses or contacts? \_\_\_\_\_ Yes                      \_\_\_\_\_ No

f. Date of last eye exam: \_\_\_\_\_

2. Hearing:
- a. Do you have difficulty hearing normal conversation levels?  Yes  No
- b. Do you use a hearing aid?  Yes  No
3. Diabetes:
- a. Do you have or have you ever been treated for diabetes?  Yes  No
- b. Describe current medications and dosage is any and method of administration. \_\_\_\_\_
- c. Date of last blood sugar test \_\_\_\_\_
4. Heart:
- a. Do you have or have you ever been treated for a heart condition?  Yes  No
- b. Do you have a pacemaker?  Yes  No
- c. Describe current medications and dosage is any and method of administration. \_\_\_\_\_
- d. Date of last treatment or check-up: \_\_\_\_\_
5. Blood Pressure:
- a. Do you have or have you ever been treated for a high Blood Pressure?
- b. If yes, when were you last treated? \_\_\_\_\_
- c. What was your last blood pressure reading? \_\_\_\_\_
- d. Describe current medications and dosage is any and method of administration. \_\_\_\_\_
6. Miscellaneous:
- a. Have you ever been treated for drug or alcohol abuse?  Yes  No
- b. **If requested, would you be willing to take a drug/alcohol screen exam?**  Yes  No
- c. **Are you an organ donor?**  Yes  No
- d. Have you ever been treated for a mental illness?  Yes  No
- e. Are you under the care for any condition not listed above?  Yes  No
- Please describe: \_\_\_\_\_
- f. What is the date of your last physical exam? \_\_\_\_\_

## BACKGROUND AUTHORIZATION

### DRIVING INFORMATION

I have submitted this application on to the Patten Area Voluntary Fire Department for membership. This shall constitute formal authorization for the PAVFD to obtain any and all information, which they may request concerning my background, history, or any other information that they in their discretion deem appropriate. All statements made in this application are true and correct to the best of my knowledge. I understand any omissions or misrepresentations may result in rejection of my application or if a member, may result in subsequent dismissal. Furthermore, in the event that I am accepted as a member, my status shall be completely voluntary and may be terminated at will at anytime by myself, the fire department chief or assistant chief or the fire department board of directors. If accepted, I agree to comply with all the rules and by laws of the organization.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**\*\*Attach a copy of your driver's license and any and all training certifications.**

**FIRE DEPARTMENT USE ONLY --- DO NOT WRITE BELOW THIS LINE**

**DRIVING INFORMATION**

Remarks of the Fire Department Chief or Assistant Fire Chief: \_\_\_\_\_

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Board Member Signature: \_\_\_\_\_

Position: Fire Chief      Assistant Fire Chief

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Remarks of the Fire Department Board of Directors: \_\_\_\_\_

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We the Fire Department Board of Directors have researched the above applicant and have decided to **approve / decline** this application.  
(Circle One)

Board Member Signature: \_\_\_\_\_

Position: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Board Member Signature: \_\_\_\_\_

Position: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_