



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.**

Remarks of the Fire Department Chief or Assistant Fire Chief: _____

Board Member Signature: _____

Position: Fire Chief Assistant Fire Chief

Printed Name: _____

Date: _____

Remarks of the Fire Department Board of Directors: _____

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: _____