

# East Petersburg Fire Company #1 Membership Application

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

(Last)

(First)

(Middle)

Address: \_\_\_\_\_

(Street)

(City)

(State)

(Zip)

Home phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

*(Federal Law Prohibits Age Discrimination)*

Vehicle Operators #: \_\_\_\_\_ Class: \_\_\_\_\_ State: \_\_\_\_\_

List any relatives or acquaintances that are members of the Fire Company:

## Current Employer

Company: \_\_\_\_\_ Location: \_\_\_\_\_

Position: \_\_\_\_\_ Working hours: \_\_\_\_\_

Are you available for emergency calls during work hours [ ] Yes [ ] No

## References

\_\_\_\_\_  
(Name) (Address) (Phone #)

\_\_\_\_\_  
(Name) (Address) (Phone #)

## Experience

Have you ever applied or held a membership in any other Fire Company [ ] Yes [ ] No

If yes please give the Fire Company name: \_\_\_\_\_ Years of service \_\_\_\_\_

Rank: \_\_\_\_\_ Are you active now? [ ] Yes [ ] No

If you answered yes please fill out the additional training questionnaire and attach copies of your certifications.

## Health Information

Is there any reason that your present health condition would restrict your activities as Firefighter or Fire Police Officer? [ ] Yes [ ] No (If yes please explain)

\_\_\_\_\_

\_\_\_\_\_

# East Petersburg Fire Company #1

## Training Questionnaire for New Members

Applicant's Name: \_\_\_\_\_

Please check the following that you feel you have knowledge in:

**Basic Fire Fighting Skills**

- hose lines
- ladders
- ventilation
- engine company operations

**Advanced Fire Fighting Skills**

- SCBA (Self Contained Breathing Apparatus)
- rapid intervention
- self rescue
- truck company operations

**Rescue Skills**

- vehicle rescue
- Have you taken the Dept. of Health Vehicle Rescue Class?
  - Yes    No
- water rescue
- rope rescue
- confined space

**Fire Police Skills**

- basic fire police
- advanced fire police

**Medical Skills**

- CPR / AED
- basic first aid
- First Responder / Emergency Responder
- EMT
- Paramedic

**Pro-Board Certifications**

- Firefighter I
- Firefighter II
- Fire Officer I
- Fire Officer II
- Instructor I
- Instructor II

Do you have any computer or business skills that would be helpful to the Fire Company?  
If so please list them on the back.

*Please provide any certificates or certifications that you have received from previous taken classes.*

**Health Information (Cont.)**

Do you suffer from any fear/phobias that would restrict your activities as Firefighter or Fire Police Officer? (Fear of height, claustrophobia, etc.)

\_\_\_\_\_

Emergency Contact person \_\_\_\_\_ Phone # \_\_\_\_\_

**Consent for Background Check / Medical Examination**

I testify that all statements made on this application are true and give permission for the East Petersburg Fire Company #1 / Police to perform a background check as part of this application.

I authorize the references listed above to give you any and all information concerning my previous fire company involvement and pertinent information they may have, and release all liability doing so.

I understand that my physical condition may affect the safety and well being of other members of the fire service and the general public. In order to enable the East Petersburg Fire Company #1 to be fully informed about my physical condition. I consent to a medical examination performed by a physician, the collection of urine, blood samples or other necessary testing to determine the presence of alcohol and / or drugs and a chest x-ray if necessary.

I authorize the release of any and all medical records obtained during the examination and testing procedures to the East Petersburg Fire Company #1

I understand that any time during my membership I may be tested for alcohol and/or drugs. If the results of such testing are confirmed positive or I refuse too fully cooperate with a medical examination or testing procedure. I may be subject to discipline, including possible dismissal from membership. I release any claims, liability, or damages arising out of its performance of medical examination and/or diagnostic procedures.

The East Petersburg Fire Company #1 will hold the information above in confidence

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

Witness (Parent/Guardian if under 18): \_\_\_\_\_ Date: \_\_\_\_\_

**Fire Company Use Only**

Date Application Received: \_\_\_\_\_

Date Accepted \_\_\_\_\_ Date Rejected \_\_\_\_\_

**Fire Company Officers Signatures**

President \_\_\_\_\_

Fire Chief \_\_\_\_\_