

# PEEBLES DISTRICT VOLUNTEER FIRE COMPANY

1391 Duncan Avenue  
Pittsburgh, PA 125237  
412-364-2112

## **Membership Application Check List**

- o Completed Membership Application
- o Act 33- Child Abuse Clearance
- o Act 34- PA State Criminal Background Check
- o Act 73 – FBI Clearance (If previously lived outside of PA)
- o Copy of Driver's License
- o Copies of Certificates Ex. CPR, Modules of Firefighting, Hazmat, etc.

\*All forms must be completed and attached for the Membership Committee to review prior to the montly meeting

\*General Membership meets every 3<sup>rd</sup> Tuesday of the month. This is when applications will be reviewed with the membership.

\*You will be notified if your request has been accepted or denied

## Peebles District Volunteer Fire Company

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Application for:  Firefighter  Non-Firefighter

Today's Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License Number/State: \_\_\_\_\_ (Attach Copy)

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Email: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

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

Contact Number: \_\_\_\_\_ Alt. Number: \_\_\_\_\_

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

Contact Number: \_\_\_\_\_ Alt. Number: \_\_\_\_\_

## MEDICAL INFORMATION

Primary Doctor's Name: \_\_\_\_\_

Doctor's Office Phone Number: \_\_\_\_\_

Are you aware of any medical conditions that might interfere with the conduct of any duties associated with the fire service, which include strenuous exercise, highly stressful situations, and exposure to extremes of weather and temperature?

Check One: No      Yes

If Yes, please explain:

List any accommodations or adaptations you might need to perform your duties:

List any food or medication allergies:

## BACKGROUND INFORMATION

Are you related to any current/past member of Peebles District Volunteer Fire Company?

Check One: Yes No

If yes, who? \_\_\_\_\_

What experience do you have related to the fire service or in emergency medical services?

\_\_\_\_\_

Are you able to attend meetings and training on a regular basis- Tuesday evenings beginning at 7pm?

Yes No If not, please explain:

## EMPLOYER/ WORK INFORMATION:

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

Position/ Title: \_\_\_\_\_ Supervisor/ \_\_\_\_\_

Manager's name: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

May we contact your employer? Yes No

Any other extra activities you would like us to consider: (sports/church/leadership/volunteer work)

## REFERENCES

We would like to call at least two people who are NOT related to you and who have a definite knowledge of your qualifications for membership in the fire service. Current members of Peebles District VFC and family members are not eligible to act as references.

### Reference # 1

First and Last Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Best time to contact them: \_\_\_\_\_

### Reference # 2

First and Last Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Best time to contact them: \_\_\_\_\_

### For Department Use Only:

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

Received By (name): \_\_\_\_\_

Date -References Called: \_\_\_\_\_

Membership Review Date: \_\_\_\_\_

Date Accepted as a Probationary member: \_\_\_\_\_