

PEEBLES DISTRICT VOLUNTEER FIRE COMPANY

1391 Duncan Avenue
Pittsburgh, PA 15237
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 monthly meeting

*General Membership meets every 3rd 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

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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: _____