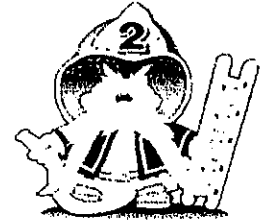


# BROOKVILLE VOLUNTEER FIRE COMPANY

Brookville  
Station 2

*"Downtowns Bravest"*  
*Jefferson County – Station 2*  
240 Madison Ave, Brookville, Pa 15825  
(814) 849-5400



SINCE 1909  
ENGINE  
TRUCK  
RESCUE

## APPLICATION FOR MEMBERSHIP

NAME (Last, First, Middle) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TOWNSHIP \_\_\_\_\_

HOME PHONE ( ) \_\_\_\_\_ CELL PHONE ( ) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

### **Classification of membership being applied for: (check one)**

- Active responder (also choose category below)
  - Firefighter
  - Junior Firefighter (Under the age of 18)
  
- Social

### EMPLOYMENT

PRESENT EMPLOYER \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SUPERVISOR \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

THREE PREVIOUS EMPLOYERS AND POSITIONS.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

MAY WE CONTACT ANY PREVIOUS EMPLOYERS FOR REFERENCE CHECKS? \_\_\_\_ YES \_\_\_\_ NO

**MEDICAL**

DATE OF YOUR LAST MEDICAL PHYSICAL: \_\_\_\_\_

HAS YOUR DOCTOR AGREED TO YOUR PURSUING A POSITION IN THE FIRE SERVICE  
\_\_\_ YES \_\_\_ NO \_\_\_ NA

WHO IS YOUR CURRENT PHYSICIAN? \_\_\_\_\_

PHYSICIAN'S ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHYSICIAN'S PHONE NO ( ) \_\_\_\_\_

YOUR BLOOD TYPE \_\_\_\_\_ POS/NEG

DO YOU HAVE ANY DISABILITIES THAT NEED ADDRESSING? \_\_\_ YES \_\_\_ NO

IF SO, PLEASE EXPLAIN: \_\_\_\_\_

ARE YOU CURRENTLY BEING TREATED BY A PHYSICIAN OR TAKING ANY  
PRESCRIPTION OR OTHER MEDICATIONS? \_\_\_ YES \_\_\_ NO

**MILITARY HISTORY**

DO YOU HAVE ANY MILITARY HISTORY: \_\_\_ YES \_\_\_ NO

IF YES, WHAT BRANCH? \_\_\_\_\_

HONORABLE DISCHARGE: \_\_\_ YES \_\_\_ NO

**EDUCATION**

**Highest level of education: (check one)**

( ) grade school, level \_\_\_\_ ( ) graduated high school ( ) college, years \_\_\_\_

( ) graduated college ( ) post graduate ( ) technical school

( ) other: \_\_\_\_\_

PLEASE LIST AND ATTACH COPIES OF ANY CERTIFICATIONS OR SCHOOLS/SEMINARS  
ATTENDED AS A MEMBER OF ANOTHER FIRE ORGANIZATION.

- |          |           |
|----------|-----------|
| 1. _____ | 6. _____  |
| 2. _____ | 7. _____  |
| 3. _____ | 8. _____  |
| 4. _____ | 5. _____  |
| 9. _____ | 10. _____ |

OTHER INTERESTS OR HOBBIES OUTSIDE THE EMERGENCY SERVICES: \_\_\_\_\_

HAVE YOU EVER BEEN, OR ARE CURRENTLY A MEMBER OF ANY OTHER EMERGENCY SERVICE ORGANIZATION? \_\_\_\_ YES \_\_\_\_ NO

IF SO WHAT COMPANY AND WHERE? \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

EMERGENCY CONTACT NAME: \_\_\_\_\_

RELATIONSHIP TO THAT PERSON: \_\_\_\_\_

EMERGENCY CONTACT NUMBERS:

HOME: ( ) \_\_\_\_\_

CELL: ( ) \_\_\_\_\_

WORK: ( ) \_\_\_\_\_

*Effective as of entrance into a probationary period, every member is included in some, but not all of the insurance coverages carried by the fire company. With this, we would appreciate the following information initially based on your current personal status.*

Primary beneficiary	Relationship	%
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Address	Phone numbers
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Home: ( ) \_\_\_\_\_

Cell: ( ) \_\_\_\_\_

Contingent beneficiary	Relationship	%
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Address	Phone numbers
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Home: ( ) \_\_\_\_\_

Cell: ( ) \_\_\_\_\_

A fingerprint card must be completed and returned with your application. The Brookville Police Department will furnish the cards and will complete your fingerprints during normal business hours. This card will be kept in your file and for the records of the fire company only. All pages must be completed in full. A member of the membership committee will contact you in reference to scheduling an interview and advise you of the application process.

**Any prospective member under the age of 18 must have a notarized signature acknowledging permission from a parent/legal guardian on the attached form stating the intentions of said minor to apply for membership.** Signature also acknowledges receipt of the current labor and industry standards, and the BVFC Junior By-laws, as they apply. Working papers from the attending school district must also accompany this application; and may be obtained from the administrative office of your school district.

I understand that by signing this application, I affirm that all information is correct and I further understand that any statements found to be falsified shall be grounds for rejection or dismissal. I do understand that my signature indicates that I will bear true faith and allegiance to the United States of America and to this fire company, and will to the best of my ability follow any and all directions as ordered in accordance with the constitution, by-laws and standard operating procedures of the company. I also understand that after the initial acceptance of my application, I must meet the requirements of his organization to be removed from a probationary status into full membership.

By my signature, I further agree that I am giving the fire company permission to do an investigation as deemed necessary to include criminal history and child abuse clearance reviews. I hereby authorize the Brookville Police Department to conduct such a background check my work record, school record, reputation, and character, as well as all information of a confidential or privileged nature and photocopies of same if requested.

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

Date of Birth \_\_\_\_\_

Driver License Number \_\_\_\_\_ State \_\_\_\_\_

**CONSENT FOR JUNIOR APPLICATION**

I hereby certify that I am the legal parent/guardian of the aforementioned applicant and am giving my permission for that individual to apply for membership in the Brookville Volunteer Fire Company. I, also, give permission for the applicant to perform in the duties and functions as required and as allowed by governing state laws.

I am aware that the individual will be required to obtain work permit papers as issued from the department of education of the commonwealth of Pennsylvania, as provided by the local school district, and supply them with the application.

Additionally, the applicant can and will not be permitted to partake in any functions of the fire company until such papers have been turned into the department. I understand that this applicant will be expected to report quarterly grades directly to the fire chief on a timely basis.

\_\_\_\_\_  
Printed name Date

\_\_\_\_\_  
Signature of parent/legal guardian

\_\_\_\_\_  
Street address

\_\_\_\_\_  
City, state, zip

Home phone number: (     ) \_\_\_\_\_ Cell phone number: (     ) \_\_\_\_\_

**AFFIDAVIT**

COMMONWEALTH OF PENNSYLVANIA

COUNTY OF \_\_\_\_\_

Before me personally appeared the said \_\_\_\_\_ who said that he/she executed the above instrument of his/her own free will and accord, with the full knowledge of the purpose thereof.

(Seal)

Sworn to and subscribed in my presence

This \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_

**PERMISSION FORM PARENT/LEGAL GUARDIAN for Junior Firefighter**

Under the conditions listed above, I hereby give my permission for (please print name)

\_\_\_\_\_ to participate in activities with the Brookville Volunteer Fire Company.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent/legal guardian (please circle one)

I understand the rules and regulations as set forth in the Child Labor Law and will not participate in any function, which is not permitted.

\_\_\_\_\_  
Print Name of Junior Firefighter

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Junior Firefighter

**AFFIDAVIT**

COMMONWEALTH OF PENNSYLVANIA

COUNTY OF \_\_\_\_\_

Before me personally appeared the said \_\_\_\_\_ who said that he/she executed the above instrument of his/her own free will and accord, with full knowledge of the purpose thereof.

(Seal)

Sworn to and subscribed in my presence

This \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_

**INTERNAL USE ONLY**

Signature of Investigating Committee Member \_\_\_\_\_ Y/N \_\_\_\_\_ Date \_\_\_\_\_

Signature of Investigating Committee Member \_\_\_\_\_ Y/N \_\_\_\_\_ Date \_\_\_\_\_

Signature of Investigating Committee Member \_\_\_\_\_ Y/N \_\_\_\_\_ Date \_\_\_\_\_

Did we receive correct application fee: \_\_\_\_\_

Date application was received: \_\_\_\_\_

Police Report: \_\_\_\_\_

Date of interview: \_\_\_\_\_

Date when off probation: \_\_\_\_\_

Committee attempted to reach candidate on: \_\_\_\_\_ Comment \_\_\_\_\_

\_\_\_\_\_ Comment \_\_\_\_\_

\_\_\_\_\_ Comment \_\_\_\_\_

**This application was updated – August 2011**