

Kittanning Volunteer Fire Departments 1-4-6

APPLICATION FOR MEMBERSHIP

Kittanning Hose, Hook & Ladder Company Number 1

Kittanning Volunteer Fire Department Number 4

Kittanning Hose Company Number 6

Applicants for membership must be at least eighteen (18) years of age or older at the date of application.

All applicants must understand that all appointments are probationary for a period of twelve (12) months. During this twelve (12) month period you must demonstrate your fitness for membership as outlined in the Kittanning Volunteer Fire Department By-Laws.

You must also understand that a probationary membership is contingent upon the results of a complete background investigation. The willful withholding of information or making false statements will constitute grounds for your immediate dismissal.

All applicants must agree to these terms and certify that all statements are true to the best of their knowledge. Your ***full signature*** (First, Middle, Last Name) on this application indicates such agreement.

Please read carefully and complete all sections of this application.

Thank you for your interest in the Kittanning Volunteer Fire Departments.

TYPES OF MEMBERSHIPS & REQUIREMENTS

The following types of memberships shall exist within the Kittanning Volunteer Fire Departments:

1. Active Membership
2. Non-Active Membership
3. Life Membership
4. Honorary

Active Membership

An Active Member must meet the following:

1. Be at least 18 years of age or older
2. Participate in company training schools/drills
3. Respond to Fire Alarms
4. Attend Regularly scheduled Company Meetings
5. Attend within first year of membership some form of formal firefighter training i.e.: PA. firefighter essentials, Armstrong County Fire School.

Probationary period

All applicants, once accepted into the company, will be on probation for a period of one (1) year.

Upon completion of the probationary period, the company shall vote in accordance with the By-Laws of the Kittanning Volunteer Fire Departments, on whether to:

1. Admit the probationary member into the company as a Active Member.
2. Deny the probationary member membership into the company.

******Applicants who have been or are currently members of a volunteer fire company must provide a letter from that company indicating their membership status and standing.***

KITTANNING HOSE, HOOK & LADDER COMPANY NUMBER 1

APPLICATION FOR MEMBERSHIP

Please read carefully and complete all sections. Please print or type all information.

NAME _____
ADDRESS _____
APT/BOX _____
CITY _____ **STATE** _____ **ZIP** _____

TELEPHONE
HOME _____
Area code
WORK _____
Area code

Type of Membership applying for: (Check one)

ACTIVE _____
HONORARY _____

Signature _____ Date _____

Sponsored by _____ Date _____
Fire Department Member

PERSONAL INFORMATION

Date of Birth _____
Month/day/year

Age _____ Sex _____

Height _____ Weight _____

Hair Color _____ Eye Color _____

Blood Type _____

Social Security Number _____

Drivers License Number _____ Class _____ Exp. Date _____
State Issued _____

Do you have any current points on your driving record? _____
If yes how many? _____

Are you a U.S. Citizen? Yes _____ No _____

Have you ever been convicted of a felony or misdemeanor? _____
If yes explain: _____

Are you currently or have you ever been a user of a controlled substances? _____

MEDICAL HISTORY

Family Physician _____

Telephone _____

Please answer the following:

- | | | | | |
|---|-----|--------------------------|----|--------------------------|
| Are you prone to headaches? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Have you ever had a head injury? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Do you wear glasses / contacts? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Do you have trouble with your hearing? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Do you have hay fever or a sinus condition? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Do you smoke? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Have you ever had Tuberculosis (TB)? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Have you had any heart trouble? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Do you have high blood pressure? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Have you ever had hepatitis? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Have you ever had a hernia? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Have you ever had a back problem? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Do you have diabetes? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Do you have a seizure disorder? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

Please list any operations or injuries you may have had, along with the date of the occurrence below. (Use back of page if necessary)

RELEASE OF INFORMATION AUTHORIZATION FORM

I, _____, as an applicant for membership in:
Please Print

KITTANNING HOSE, HOOK & LADDER COMPANY NUMBER 1

Do hereby authorize the said Fire Department above to conduct a complete background investigation as a condition of my Membership application. I authorize any police agency, school, service, business, doctor, individual, or association to release any pertinent information which would assist the KITTANNING HOSE, HOOK & LADDER COMPANY # 1 in evaluating my character and qualifications.

In signing this authorization, I hereby release any and all of the aforementioned sources from any responsibility, present or future, in imparting this information. I understand that in order for my application to be processed, I must obtain the following information at my expense:

1. A complete copy of my driving record is to be obtained from the Department of Transportation and/or Department of Motor Vehicle in the state of license issuance.
2. A criminal background check is to be obtained from the Kittanning Borough Police.

Applicant Name _____
Please Print

Applicant Signature _____

Date Release Signed _____

AUTHORIZATION TO RELEASE MEDICAL RECORDS

I, _____, as an applicant for
Print Name
membership in KITTANNING HOSE, HOOK & LADDER COMPANY
NUMBER 1

Understand that it is essential for the Fire Department to evaluate my medical fitness. For the purpose, I authorize the release of any and all information that you may have concerning my health, including information of a conditional and privileged nature, such as my medical background. I hereby release to you, your organization, and all others from any liability or damage, which may result from your furnishing the information requested.

Applicant Name _____
Please print

Applicant Signature _____

Date Release Signed _____