



BEECH CREEK – BLANCHARD VOLUNTEER FIRE COMPANY

P.O. Box 225

Beech Creek, PA 16822

APPLICATION FOR MEMBERSHIP

APPLICANT:

- Must be a U.S. citizen
- Fourteen to Seventeen year old applicants must apply for junior firefighter membership and a copy of their working papers must be attached to this application
- \$7.50 must accompany this application for Active Membership
- EMS social membership and junior firefighter membership application fees are waived
- Physical form must accompany application. Recent physical within one year of the fire company's receipt of this application is acceptable as long as documentation is provided.

(Please Print Clearly)

Name: _____
Last First Middle

Social Security Number: _____ Date of Birth: _____

Address: _____ Home Phone Number: _____

_____ Work Phone Number: _____

_____ Cell Number: _____

Driver's License Issued in State of: _____ License #: _____ CDL License: Yes ___ No ___

Do you have an EVOC Certification to drive emergency vehicles: Yes ___ No ___

Employer: _____ Occupation: _____

Employer Address: _____

Please list all physical problems or illnesses and any medications:

List three references (no relatives or present fire company members):

_____ Phone: _____

_____ Phone: _____

_____ Phone: _____

Have you ever had a loss of driving privileges in the past? _____

Have you ever been convicted of DUI? _____

Have you ever been convicted of a crime? _____

Have you ever applied for membership to this fire company in the past? _____

Have you ever been a member of a fire company or EMS service before? _____

If you answered yes to the previous question, indicate what company in which you were a member(s):

Contact person: _____ Phone: _____

Are you presently an EMT? _____ If yes, what is your Certification #: _____

Type of Membership desired: (Please remit \$7.50 for active membership)

Active Membership _____ Junior Membership _____ EMS Social Membership _____

This application must be signed by two good-standing members of the Beech Creek/Blanchard Volunteer Fire Company:

Member Signature: _____ Date: _____

Member Signature: _____ Date: _____

I affirm that the information I supplied is correct to the best of my knowledge. Authorize the Beech Creek/Blanchard Volunteer Fire Company to review my background by making police agency checks that are deemed necessary. I also authorize my employer to release any and all information from my employment records. I give my authorization for the Beech Creek/Blanchard Volunteer Fire Company to keep this application on file.

Signature of Applicant: _____ Date: _____

FIRE COMPANY USE ONLY

Three member committee appointed to investigate applicant:

_____ Signature _____ Date _____

_____ Signature _____ Date _____

_____ Signature _____ Date _____

Application must be signed by a minimum of two of the above members prior to being presented tot the monthly meeting.

(Applicants Name) _____ was (rejected / accepted) at the monthly meeting of the Beech Creek / Blanchard Volunteer Fire Company.

Signature of Recording Secretary _____ Date _____



BEECH CREEK – BLANCHARD VOLUNTEER FIRE COMPANY

MEDICAL STATEMENT FOR _____ Name _____

QUESTIONS:

REMARKS:

1. Eye sight:
- Have you lost use of either eye? ____ R ____ L ____ Yes ____ No
 - Is peripheral (side) vision restricted? ____ Yes ____ No
 - Are you color blind? ____ Yes ____ No
 - Do you have or have you ever had cataracts? ____ Yes ____ No
 - Are actual deficiencies corrected by glasses or contact lenses? ____ Yes ____ No
 - Date of last eye examination: _____
2. Hearing:
- Do you have difficulty hearing normal conversations level? ____ Yes ____ No
 - Do you use a hearing aid? ____ Yes ____ No
3. Diabetes
- Have you ever been tested for diabetes? ____ Yes ____ No
 - Describe current medication and dosage, if any, and method of administration under "remarks".
 - Date of latest blood sugar test _____
4. Heart
- Have you ever been treated for heart disease? ____ Yes ____ No
 - Describe condition: _____
 - Describe current medication and dosage, if any, under "remarks".
 - Do you have a pacemaker? ____ Yes ____ No
 - Date of last treatment or checkup? ____ Yes ____ No
5. Epilepsy:
- Have you ever been treated for epilepsy? ____ Yes ____ No
 - If "yes", when was your last seizure? ____ Yes ____ No
 - Describe current medication and dosage, if any, under "remarks".
6. Blood Pressure:
- Have you ever been treated for high blood pressure? ____ Yes ____ No
 - If "yes", when were you treated? _____
 - What was your last reading? _____
 - Describe current medication and dosage, in any in "remarks".
7. Limbs
- Have you lost an arm or leg? ____ Arm(R/L) ____ Leg(R/L) ____ Yes ____ No
 - Have you lost the use of an arm or leg? ____ Arm(R/L) ____ Leg(R/L) ____ Yes ____ No
 - Does your vehicle have special controls? ____ Yes ____ No
 - If "yes" to any of the above, describe under "remarks".
8. Miscellaneous
- Have you ever been treated for convulsions? ____ Yes ____ No
 - Have you ever been treated for loss of equilibrium? ____ Yes ____ No
 - Have you ever had fainting spells? ____ Yes ____ No
 - Have you ever been treated for alcohol or drug abuse? ____ Yes ____ No
 - Have you ever been treated for mental illness? ____ Yes ____ No
 - If you answered "yes" to any questions in this section, provide dates and any treatments or medications in "remarks".
9. What was the date of your last physical examination? _____
10. Are there any restrictions posted on your vehicle operator's license? _____
11. Are you under the care of a physician for any condition not mentioned above which may affect your ability to operate a motor vehicle? ____ Yes ____ No
12. When and for what purpose, did you last consult a physician? _____
13. FULL NAME, address and telephone number of your personal physician: _____

NOTE: If and question is answered "YES", give particulars below. For medical histories underline the item and identify by referring to the question number and letter. Give dates, symptoms, duration, treatment results, names and address of doctors, hospitals, etc.

THE ANSWERS TO THE ABOVE ARE COMPLETE, ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF PERSON NAMED ABOVE

DATE

AUTHORIZATION FOR RELEASE OF INFORMATION

"I hereby authorize any licensed physician, medical practitioner, hospital or medically related facility, insurance company, the Medical Information Bureau or other organization, institution, or person that has any records or knowledge of me or my health, to give the Beech Creek / Blanchard Volunteer Fire Company and such information".

A photographic copy, Xerox copy or similar reproduction shall be as valid as the original.

