

# Brighton Township Volunteer Fire Department

PO Box 498

Beaver, Pennsylvania 15009

Phone/ Fax (724) 495-3803

Station63@comcast.net

## Membership Application Packet

Welcome!

Your interest in joining the fire department and serving your community is greatly appreciated. This membership application is required if you want to join the Brighton Township Volunteer Fire Department (BTVFD). The public service nature of our operation requires that we carefully screen applicants; your honest and careful completion of this application is required.

Please complete the application and attach the required paperwork. Attach any appropriate certificates or letters that may assist the Fire Department, Membership Committee in the decision making process.

Upon completion of these items, your application will be submitted to the Membership Committee. The Membership Committee will review your application which will be presented to the fire department along with the committee's recommendation at a regular Business Meeting. These meetings are held on the first Wednesday of every month at 8:00 pm. at Fire Station 3 located on Grange Road.

No previous training or experience is required. BTVFD will provide the appropriate guidance and training, as necessary. Once accepted into BTVFD there is a 12 month probationary period. This is a time for the department to evaluate you and for you to evaluate the department. You are encouraged to participate as much as possible during this time so that you understand what type of commitment is involved with being a firefighter.

If you have questions or concerns through the application process, you may contact either the fire chief or membership committee at (724) 495-3803 or the fire department by e-mail.

Thanks again for you interest with BTVFD.

Good Luck,

John Curtaccio, Fire Chief

Chuck Bates, Chairman  
Membership Committee

**Brighton Township Volunteer Fire Department  
Application for Membership**

Section I – General Information

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

PAGER: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

OTHER CONTACT: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

DRIVER LICENSE #: \_\_\_\_\_ STATE: \_\_\_\_\_ CLASS: \_\_\_\_\_

RESTRICTIONS: \_\_\_\_\_

MARITAL STATUS: SINGLE / MARRIED

SECTION II – EMPLOYMENT

EMPLOYER: \_\_\_\_\_ OCCUPATION / POSITION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

WORK PHONE #: \_\_\_\_\_ YEARS WITH EMPLOYER: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_ SUPERVISOR'S PHONE: \_\_\_\_\_



## Brighton Township Volunteer Fire Department Application for Membership

### MEDICAL STATEMENT AND QUESTIONNAIRE

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

MEDICAL DOCTOR'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

DATE OF LAST PHYSICAL: \_\_\_\_\_

Please describe, in your own words, the general state of your physical health and mental well-being.

\_\_\_\_\_

\_\_\_\_\_

As you can appreciate firefighting, rescue operations and EMS activities can be physically and emotionally stressful. Therefore it is extremely important that you inform us if you have a condition or disability that might prevent or restrict your activities?

Review each item, checking "Yes" or "No" as appropriate. Please explain any answers marked Yes	YES	NO
A. Are you blind in either eye?		
B. Do you wear glasses or contact lenses?		
C. Have you had a tetanus shot? If yes last date:		
D. Have you ever lived with anyone who had tuberculosis?		
E. Are you allergic to bee, wasp or ant stings?		
F. Have you ever attempted suicide?		
G. Have you ever bled excessively after injury or tooth extraction?		
I. Have you ever been treated for a mental condition?		
J. Have you ever been denied life of health insurance?		
K. Have you ever been advised to have any medical procedure or surgery?		
L. Do you have sensitivity to dust, sunlight or chemicals?		
M. Have you been hospitalized within the last year?		
N. Have you been treated by a doctor or practitioner within the last year?		
O. Are you unable to lift objects up to 70 lbs?		
P. Do you have mobility issues?		
Q. Have you ever coughed up blood?		
R. Have you ever been checked positive for HIV?		
S. Have you ever been knocked out or lost consciousness?		
T. Do you smoke? If yes...How much per day?		

## Brighton Township Volunteer Fire Department Application for Membership

### MEDICAL STATEMENT AND QUESTIONNAIRE

Have you ever had:	Yes	No	?		Yes	No	?
1. Swollen or painful joints				31. leg cramps			
2. rheumatic fever				32. frequent indigestion			
3. dizziness or fainting				33. gallstones			
4. eye trouble				34. jaundice or hepatitis			
5. ear, nose or throat trouble				35. stomach or intestinal trouble			
6. hearing loss				36. broken bones			
7. severe headache				37. tumor, cyst or growths			
8. chronic colds				38. scarlet fever			
9. blood, albumen or sugar in urine.				39. nervous trouble of any kind			
10. sinuses				40. rupture or hernia			
11. emphysema or bronchitis				41. piles or rectal trouble			
12. skin disease				42. kidney stone			
13. thyroid trouble				43. communicable disease			
14. head injury				44. arthritis or bursitis			
15. high blood pressure				45. asthma			
16. low blood pressure				46. loss of finger or toe			
17. shortness of breath				47. chronic back pain			
18. pain or pressure in chest				48. foot or knee trouble			
19. chronic cough				49. neuritis or nerve inflammation			
20. heart trouble				50. paralysis			
21. tuberculosis				51. tooth or gum trouble			
22. recent gain or loss of weight				52. trick knee, elbow or shoulder			
23. adverse reaction to drugs or serum				53. loss of memory or amnesia			
24. frequent or painful urination				54. palpitations or pounding heart			
25. liver trouble				55. received HEP B Vaccine			
26. epilepsy or seizures				56. trouble sleeping			
27. diabetes				57. depression or anxiety			
28. unconsciousness or fainting				58. fear of heights			
29. cancer				59. claustrophobia			
30. motion sickness				60. other phobias			

Please include any other medical information that may be of importance.

You may be required to provide a doctors statement confirming your physical ability to function as a firefighter.

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I certify that the medical information supplied by me on these two pages is true and correct and to the best of my knowledge. I authorize officials of the Brighton Township Volunteer Fire Department, and/or the departments Medical Director, to contact my doctor to verify this information and I authorize my doctor to release the information needed for verification. All medical information shall remain confidential at all times.

APPLICANTS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

# Brighton Township Volunteer Fire Department

## Application for Membership

The Fire Department will make a complete investigation and will check with the proper authorities concerning your driving record and criminal history, if any. A poor driving record and/or certain criminal histories could be cause for rejection of your application, however, each case will be considered individually depending on the circumstances involved.

YOUR DRIVING, MEDICAL AND CRIMINAL RECORDS ARE CONFIDENTIAL. Only those people directly involved in the application and eligibility process will have access to this information.

Upon completion of the application you are required to attach the following:

- A COPY OF YOUR VALID COMMONWEALTH OF PENNSYLVANIA DRIVERS LICENSE.
- A COPY OF YOUR PERSONAL AUTO LIABILITY INSURANCE.
- A COPY OF YOUR DRIVER'S HISTORY.
- A COPY OF YOUR CRIMINAL HISTORY.
- A COPY OF THE MEDICAL STATEMENT AND QUESTIONNAIRE.

*The membership committee might ask questions regarding your health and/or require you to have a physical.*

The membership committee will make the final recommendation on approval or rejection of your eligibility.

I CERTIFY that the information, statements and attachments I have provided with this application are true and correct to the best of my knowledge and authorize the verification of it. Any misrepresentation or deliberate omission of a fact in this application shall be grounds for rejection of my application or, if a member, grounds for expulsion from the department.

APPLICANTS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

FIRE DEPARTMENT BOARD USE ONLY	
_____	
_____	
_____	
_____	
_____	
_____	
APPROVAL	DISAPPROVAL
ASSIGNED UNIT NUMBER:	_____
SIGNATURE OF THE PRESIDENT _____	DATE _____
SIGNATURE OF THE CHIEF _____	DATE _____

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