Brighton Township Volunteer Fire Department
PO Box 498
Beaver, Pennsylvania 15009
Phone/ Fax (724) 495-3803
station63@comcast.net

Membership Application Packet

Welcome!

We greatly appreciate your interest in joining the Brighton Township Volunteer Fire Department (BTVFD) and in serving your community. To be considered for membership, you must complete the attached application form. Due to the public service nature of our operations, we carefully screen all applicants, and therefore, we request that you complete this application thoroughly and honestly.

Please ensure that you submit the completed application along with any required documentation, including relevant certificates or reference letters that may assist the Membership Committee in their review and decision-making process.

Once your application is submitted, it will be reviewed by the Membership Committee. The Committee's recommendation, along with your application, will be presented to the Fire Department at a regular Business Meeting. These meetings are held on the first Monday of each month at 6:30 p.m. at Fire Station 3, located on Grange Road.

No prior training or experience is required, as BTVFD will provide the necessary guidance and training. If accepted, you will undergo a 12-month probationary period, during which both the department and you will have the opportunity to evaluate the mutual fit. Active participation during this period is encouraged to help you better understand the commitment required to be a firefighter.

Should you have any questions or concerns during the application process, please feel free to contact the Fire Chief or the Membership Committee at (724) 495-3803, or by email.

Thank you once again for your interest in BTVFD. We wish you the best of luck.

Mitchell Curtaccio
Fire Chief

Austin Crawford
Membership Committee

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Section I – Applicant Information		
Full Name:	Date:	
Address:	City:	
Home Phone:	Cell Phone:	
Email:		
Date of Birth:	Place of Birth:	
Driver License:	State:	Class:
Restrictions:		
Are you a Citizen of the United States? ☐ Yes / ☐ No If no, are you authorized to work in the United States?		
Have you been convicted of a misdemeanor or felony? ☐ Yes / ☐ No If yes, explain:		

Section II – Employment	
Employer:	
Address:	City:
Occupation:	
Work Phone:	Years with Employer:
Supervisor:	Supervisor's Contact:

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Section III – Emergency Contacts	
Name:	Contact Number:
Address:	City:
Relationship:	
Name:	Contact Number:
Address:	City:
Relationship:	

Section IV – Education	
High School:	City:
Graduate: ☐ Yes / ☐ No	G.E.D.:
College:	City:
Graduate: ☐ Yes / ☐ No	Degree:
Military Service: ☐ Yes / ☐ No	Branch:
Type of Discharge:	

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Section V – Previous Experience
Please provide details of any prior experience in public safety, including any fire departments you have been affiliated with and the years of your involvement.

Section VI – Certifications
Please list any certifications you currently hold that are relevant to public safety, firefighting, emergency medical services, or related fields.

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Section VII – References	
Name:	Contact Number:
Address:	City:
Relationship:	
Name:	Contact Number:
Address:	City:
Relationship:	

Section VIII – Medical Statement & Questionnaire		
Name:	Date:	
Cell Phone:	Work Phone:	
Date of Birth:	Height:	Weight:
Primary Care Physician:	Contact Number:	
Address:	City:	
Date of Last Physical:		
Please provide a brief overview of your current physical health and mental well-being in your own words.		

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Section VIII – Medical Statement & Questionnaire (Continued)		
As you may be aware, firefighting, rescue operations, and EMS activities can be physically and emotionally demanding. Therefore, it is important that you disclose any medical conditions or disabilities that may limit or restrict your ability to safely perform related duties.		
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?		

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Section VIII – Medical Statement & Questionnaire (Continued)					
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 of 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 stones		
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 of painful urination			54. Palpations 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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Section VIII – Certification & Authorization

I hereby certify that the medical information provided by me on the preceding pages is true, accurate, and complete to the best of my knowledge and belief. I further authorize officials of the Brighton Township Volunteer Fire Department and/or the Department's Medical Director to contact my physician for the purpose of verifying the information submitted. I also authorize my physician to release any relevant medical information necessary for this verification process.

I understand that all medical information obtained will be treated as confidential and will be used solely for purposes related to my participation with the Fire Department, in accordance with applicable laws and regulations.

Signature:	
Printed Name:	Date:

Section IX - Disclosure, Authorization, and Certification

The Brighton Township Volunteer Fire Department reserves the right to conduct a thorough investigation of all applicants. This investigation may include, but is not limited to, verification of your driving history and a review of any criminal background through appropriate authorities. Please be advised that a poor driving record and/or certain criminal offenses may result in the denial of your application. However, all applications will be reviewed on a case-by-case basis, and consideration will be given to the specific circumstances involved.

Initial: _____

All driving, medical, and criminal records obtained during the application process shall be treated as confidential. Access to this information will be strictly limited to individuals directly involved in evaluating applicant eligibility.

Initial: _____

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Section IX - Required Documentation
Upon submission of this application, you must include the following:
☐ A copy of your valid Commonwealth of Pennsylvania Driver's License
☐ A copy of your personal automobile liability insurance
☐ A copy of your driver's history record ~https://www.pa.gov/services/dmv/request-a-copy-of-driver-records.html
☐ A copy of your criminal history record ~ https://www.pa.gov/services/psp/request-a-criminal-history-background-check.html
☐ A completed medical statement and questionnaire

Applicant Certification and Authorization
Please be advised that the Membership Committee reserves the right to request additional information regarding your medical history and may require you to undergo a physical examination as a condition of further consideration for membership. Initial: _____ The Membership Committee shall have the sole authority to render a final recommendation concerning the approval or denial of this application for membership, based on its review of all submitted materials and relevant information. Initial: _____

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Applicant Certification and Authorization	
I hereby certify that the information, statements, and all attached documents provided in conjunction with this application are true, complete, and accurate to the best of my knowledge. I authorize the Brighton Township Volunteer Fire Department and its representatives to verify any information contained herein, including contacting relevant agencies or medical providers for additional details as necessary. I understand that any falsification, misrepresentation, or omission of information may result in the denial of my application or, if already accepted, immediate termination of my membership.	
Signature:	
Printed Name:	Date:

Fire Department Use Only	
Status: ☐ Approval / ☐ Disapproval	Department Number:
Signature of the President:	Date:
Signature of the Chief:	Date: