

# Stone Creek Valley Volunteer Fire Company - Company 19

## Junior Membership Application

5470 McAlevy's Fort Road  
Petersburg, PA 16669

Emergency Phone 911  
Station Phone 667-2505

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### Company Approvals:

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President	Date	Chief	Date
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**\*See SCVVFC By-Laws: SECTION 4.0 - MEMBERSHIPS AND VOTING  
for description of junior status.**

**To assure the safety of its junior members\*, SCVVFC is requiring the parent/guardian of junior applicants to provide the following information.**

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### Section One - PERSONAL Information

Date _____	<b>Emergency Contact:</b>
Applicant Name _____	Name: _____
DOB _____	Relationship to applicant: _____
Address _____	Home Phone _____
_____	Work/Other Phone: _____
_____	Gender _____ M _____ F
Home Phone _____	Driver's License Number _____
Cell Phone _____	E-mail _____

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### Section Two – Health Information

(Please state the facts in connection with the following):

1. Describe any condition requiring medication as a treatment: \_\_\_\_\_  
\_\_\_\_\_

2. List any medications prescribed by your family doctor for the junior member applicant to take on his/her own while performing their duties with SCVVFC: \_\_\_\_\_  
\_\_\_\_\_

3. List any allergies the junior member applicant has to the following and typical reaction (rash, airway constriction, etc.) to exposure/ingestion:

To medications: \_\_\_\_\_

To foods: \_\_\_\_\_

To environmental triggers: \_\_\_\_\_

4. Any surgery in the past year? **YES NO N/A (circle one)** If yes, describe: \_\_\_\_\_  
\_\_\_\_\_

5. Name of Family Physician: \_\_\_\_\_ Phone \_\_\_\_\_

6. \_\_\_\_\_

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**Indicate health history information below: A check means yes.**

Please explain any checks in the space provided.

- 1 Respiratory – asthma, TB, persistent cough, etc
- 2 Heart problems – high/low blood pressure, rheumatic fever, etc.
- 3 Stomach or intestinal problems – ulcers, hernia, colitis, etc.
- 4 Eye, ear, nose, or throat problems – hay fever, ear infections, impaired sight or hearing, etc.
- 5 Nervous disorder– convulsions, dizziness, etc.
- 6 Skin diseases
- 7 Emotional or mental disorders
- 8 Recent exposure to contagious diseases
- 9 Currently under a doctor’s care
- 10 Physical limitations
- 11 Kidney, gall bladder, or liver disease
- 12 Diabetes or hypoglycemia
- 13 Muscular-skeletal – arthritis, recent fractures
- 14 Approximate date of last physical exam:

Please explain any checked areas: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Immunization Information***

Diphtheria: \_\_\_\_\_ Pertussis: \_\_\_\_\_ Poliomyelitis: \_\_\_\_\_  
MMR : \_\_\_\_\_ Other: \_\_\_\_\_ Other: \_\_\_\_\_

Date (required) of last tetanus injection \_\_\_\_\_

Any treatment to be continued: \_\_\_\_\_

Any medications to be administered (specific dosages). All medications brought to SCVVFC activities must be in original containers. \_\_\_\_\_

Any other information and/or special accommodations SCVVFC leadership needs to know about this applicant:

\_\_\_\_\_  
\_\_\_\_\_

