

The Bridgeville Volunteer Fire Department (BVFD)
Application for Membership
(Firefighting Status)
General Information

Please print all information. PLEASE SIGN AND RETURN THIS PAGE TO THE BVFD.

Applicant Name: _____

Age: _____ Phone: _____ S.S # : _____

Residence: _____

Occupation: _____ Working Hours: _____

Beneficiary: _____

Character References and phone number (2): _____

Recommended by: _____

Date Presented: _____ Date Elected: _____

Approved by Investigating Committee:

Section I
STATEMENT OF INTENT

Please read and sign.

I hereby make application for membership in the BRIDGEVILLE VOLUNTEER FIRE DEPARTMENT in the borough of Bridgeville, County of Allegheny, Commonwealth of Pennsylvania, and declare the following facts. I am a resident of the Borough of Bridgeville or live within 5 road miles from the Borough line. I am eighteen (18) years of age or older. If elected to membership into the department, I will present myself at the next the next regular meeting after my acceptance as a member (reasonable excuse accepted), and I will report to the Fire Chief within thirty (30) days after my acceptance for firefighting instructions. I fully understand that I will be placed on probationary status for a period of two (2) years to prove my ability and will to perform fire service duties and participate in fundraising activities. I further agree that if my status as a firefighter is not accepted to the BRIDGEVILLE VOLUNTEER FIRE DEPARTMENT, at the end of my probationary period, that my initiation fee of five (\$5.00) dollars will be retained by the department.

Signed, _____

**SECTION II
APPLICANT MEDICAL QUESTIONNAIRE**

INSTRUCTIONS: Please print all information. *To be completed by applicant.*

1) Name: _____
Last First Middle

2) Birth date: _____ 3) Birthplace: _____
Month Day Year City State

4) Residence: _____
Street Apt.#

City State Zip Code

5) Occupation: _____ Duties: _____

**SECTION III
MEDICAL EXAMINERS REPORT**

Please print all information. **TO BE COMPLETED BY MEDICAL PROFESSIONAL.**

1) a. Measurements _____

Weight Height Chest Chest Abdomen
(Clothed) (In shoes) (Full inspiration) (Forced expiration) (At umbilicus)

b. Did you weigh? **YES / NO** Did you measure? **YES / NO**

c. Is appearance unhealthy or older than stated age? **YES / NO**

2) Blood Pressure (Record all readings)
Systolic

Diastolic 5th phase

3) Pulse _____
At Rest After Exercise 3 Minutes later

Rate

Irregularities per minute

