

The Bridgeville Volunteer Fire Department (BVFD)
Application for Junior 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 at least fourteen (14) years of age, and under eighteen (18) years of age or older. If elected as a junior member of 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 must follow the standard operating guidelines for the junior membership program, 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: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_

**SECTION II  
APPLICANT MEDICAL QUESTIONNAIRE**

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



8) Vision: Uncorrected OD \_\_\_\_\_ OS \_\_\_\_\_ Corrected OD \_\_\_\_\_ OS \_\_\_\_\_

9) Hearing Right 15/ \_\_\_\_\_ Left 15/ \_\_\_\_\_

10) Urinalysis: Albumin \_\_\_\_\_ Sugar \_\_\_\_\_

**Note to Medical Examiner:** Duties of a fire fighter include Lifting, Bending, Climbing, and Physical Exertion.

IN YOUR OPINION IS THIS APPLICANT PHYSICALLY FIT FOR FIRE FIGHTING DUTIES? **YES / NO**  
Comments:

**INSTRUCTIONS:** Please return section IV to the BVFD. Should you wish the remaining medical information completed above to be on file in case of emergency, please provide it in addition.

**SECTION IV**  
**MEDICAL EXAMINER SIGN OFF**  
*Please return this section to the BVFD.*

I certify that I have examined \_\_\_\_\_ in private and not in the presence of any third party on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ at \_\_\_\_\_ o'clock **AM | PM**

Signature of examiner: \_\_\_\_\_

Name of Facility: \_\_\_\_\_

Address: \_\_\_\_\_