

WILLOW GROVE VOLUNTEER FIRE COMPANY #1

227 Davisville Rd., Willow Grove, PA. 19090

Phone : (215)659-7633

Fax : (215)658-0280

Email : becomeamember@wgvfc.org

Application for Membership

"The Willow Grove Volunteer Fire Company #1 is an equal opportunity organization. We are dedicated to the policy of non-discrimination in membership on any basis including race, creed, color, age, sex, religion, national origin or physical handicap."

THE BOARD OF DIRECTORS

W.G.V.F.C. #1

Please print unless otherwise indicated. Statements concerning education, employment, experiences, etc., and all references are subject to investigation and verification.

Date: _____

Last Name: _____ First Name: _____ Middle Name: _____

Phone Numbers: (W) () _____ (C) () _____ (O) () _____

E-Mail address : _____

Date of Birth : Day _____ Month _____ Year _____

Place of Birth : City: _____ State : _____

Citizenship: [] U.S.A. [] Other (list) : _____

Social Security Number _____ - _____ - _____

Present Address : _____

Previous Address(es) within Last 5 Years:

Present Employer: Company : _____
Address : _____
Position Held : _____
Supervisors Name : _____ Phone # : _____

Past Employer(s) within last 5 years:

Have you ever held a position with Upper Moreland Township [] Yes [] No

Education:

Did you graduate from High School [] Yes [] No

If no do you hold a G.E.D. [] Yes [] No

Do you hold a valid vehicle operators license [] Yes [] No

Class _____ State _____ Class _____ License # _____

Restrictions _____

Military Service

Have you ever been denied entry into any military force? [] Yes [] No

Did you ever serve in the U.S. Armed Forces or any other countries armed services? [] Yes [] No

If yes, please answer the following questions:

Active Duty Service Dates : Entry ___/___/_____ Seperation ___/___/_____

Branch of Service Served _____

Discharge [] Honorable [] Medical [] Other (if other please explain on remarks page)

Service Disability [] Yes [] No (if yes please explain on remarks page)

Have you ever been convicted of a crime? [] Yes [] No (if yes please explain on remarks page)

Are you in good physical and mental condition to perform the duties for which you are applying?
[] Yes [] No (if yes please explain on remarks page)

Do you have any previous Emergency Services training or experience?
[] Yes [] No (if yes please explain on remarks page)

IF YOU ARE UNDER 18 YEARS OF AGE YOU MUST SUPPLY THE FOLLOWING DOCUMENTS:

Copy of PA. State working papers and a Signed permission note from Parent of Gaurdian

SWORN AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____ 20____
NOTARY PUBLIC _____ MY COMMISSION EXPIRES ____/____/_____

After you have completed this form return it to the Firehouse either in person, by mail

Willow Grove Volunteer Fire Co. #1

Membership Application

227 Davisville Rd.

Willow Grove, PA 19090

Fax (215)658-0280 or email becomeamember@wgvfc.org

Any questions please call and leave them for the Director of Personnel @ (215)659-7633

PHYSICAL EXAMINATION FORM

This page is to be filled out by applicant prior to Examination

Applicant's Name: _____

Do you wear glasses? Yes No

Color Vision: Normal Abnormal

Hearing: Normal Abnormal

Any serious medical illness in past history? Yes No

(If yes please explain on reverse side)

Have you had any significant surgery? Yes No

(If yes please explain on reverse side)

Have you had any back injuries or serious sprains of another nature that may be aggravated by strenuous activity? Yes No (If yes please explain on reverse side)

Are you presently under a doctor's care? Yes No

(If yes please explain on reverse side)

Are you presently taking any medications? Yes No

(If yes please list all medications on reverse side and the reason that you are taking them)

Are you allergic to any medication or other substances? Yes No

(If yes please explain on reverse side)

Date of most recent tetanus booster _____/_____/_____

Are you currently aware of all conditions that may preclude you from the arduous duties of firefighting?

Yes No

NOTE: THIS PAGE IS TO BE FILLED OUT BY THE EXAMINING PHYSICIAN:

Height _____ Weight _____

Blood Pressure: Right Arm _____/_____/_____ Left Arm _____/_____/_____

Pulse _____ [] Regular [] Irregular

EKG to be done if the applicant is age 35 or older. If he/she is under 35 then examining physician will determine need.

EKG _____

ENT: _____ Lungs: _____

Nuero: _____

Thyroid: _____

Hernias: _____

Laboratory tests required: Routine UA, SMA, 12: CBC

Chest X-Ray required within 3 years of this date: _____

(NOTE: Blood work and X-ray only if required by physician to determine if applicant is fit for firefighting activities)

Do you feel that other diagnostic tests are required? [] Yes [] No

NOTE TO PHYSICIAN:

The patient is receiving this physical for the purpose of qualifying as a firefighter or fire police officer. The duties include stress related activities.

In your opinion, is this candidate able to perform these duties?

[] Yes [] No

If no please explain:

Other Explanations:

I hereby certify that this is a true record of the examination of the above mentioned applicant.

Date ____/____/____ Physician's Signature _____

Address _____
