

WILLOW GROVE VOLUNTEER FIRE COMPANY #1

227 Davisville Rd., Willow Grove, PA. 19090

Phone : (215) 659-7633

FAX : (215) 658-0280

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, experience, etc., and all references are subject to investigation and verification.

Date : _____

1. Name _____
Last First Middle
2. Phone #'s () _____ (W) () _____ (H) () _____ (Cell)
3. E-Mail address _____
4. Date of Birth _____
Day Month Year
5. Place of Birth _____
City & State
6. Citizenship : [] U.S.A. [] Other _____
7. Social Security Number _____ - _____ - _____
8. Present Address _____

9. Previous Address(es) within last five(5) years:

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

11. Past Employer(s) within last five(5) years:

12. Have you ever held a position with Upper Moreland Township? yes no

13. Education:

a. Did you graduate from high school yes no

b. If no do you have a G.E.D. yes no

14. Do you hold a valid vehicle operators license? yes no

Class _____ State _____ Restrictions _____

15. Operators license number _____

16. Military Service:

a. Have you ever been denied entry into any military force? yes no

b. Did you ever serve in the U.S. Armed Forces or any other countries armed services? yes no (If yes answer next four (4) questions)

c. Active duty service dates:

Entry ___/___/___ Separation ___/___/___

d. Branch of service served _____

e. Discharge: Honorable Medical Other
(If other, please explain under remarks)

f. Service Disability: yes no
(If yes, please explain under remarks)

17. Have you ever been convicted of a crime? no yes
(If yes, please explain under remarks)

18. Are you in good physical and mental condition to perform the duties for which you are applying? yes no (If no, please explain under remarks)

19. Do you have any previous Emergency Services training or experience?
 yes no (If yes, please explain under remarks)

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

a. Copy of PA. State Working Papers

b. A signed permission note from parent or guardian

21. REMARKS: (Please indicate the question number you are answering. If you have any special skills that may be of benefit to the Fire Company please list them here. Use additional paper if necessary.)

22. You need to go to the following link <https://epatch.state.pa.us/Home.jsp> You are required to hand in this official background check with your application. The cost for the check will be reimbursed upon election to active membership.

REMARKS CONTINUED

SWORN AND SUBSCRIBED BEFORE ME THIS _____ DAY OF
_____, 2____.
NOTARY PUBLIC _____
My Commission expires _____, 2____.

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

**Willow Grove Volunteer Fire Co. #1
Application for Membership
227 Davisville Rd.
Willow Grove, PA. 19090**

or by e-mail.

The E-mail address is: *comments@tiller10.com. (subject: Application for Membership)*

Any questions, call for the Director of Personnel @ (215) 659-7633

PHYSICAL EXAMINATION FORM

TO BE FILLED OUT BY APPLICANT BEFORE EXAMINATION

APPLICANT'S NAME _____

1. DO YOU WEAR GLASSES? YES NO
2. COLOR VISION: NORMAL ABNORMAL
3. HEARING: NORMAL ABNORMAL
4. ANY SERIOUS MEDICAL ILLNESS IN PAST HISTORY? YES NO
(IF YES, PLEASE EXPLAIN ON REVERSE SIDE)
5. HAVE YOU HAD ANY SIGNIFICANT SURGERY? YES NO
(IF YES, PLEASE EXPLAIN ON REVERSE SIDE)
6. HAVE YOU HAD ANY BACK INJURIES OR SERIOUS SPRAINS OF
ANOTHER NATURE THAT MAY BE AGGRAVATED BY STRENOUS
ACTIVITY? YES NO
(IF YES, PLEASE EXPLAIN ON REVERSE SIDE)
7. ARE YOU PRESENTLY UNDER A DOCTOR'S CARE? YES NO
(IF YES, PLEASE EXPLAIN ON REVERSE SIDE)
8. 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)
9. ARE YOU ALLERGIC TO ANY MEDICATION OR OTHER SUBSTANCES?
 YES NO
(IF YES, PLEASE EXPLAIN ON REVERSE SIDE)
10. DATE OF MOST RECENT TETANUS BOOSTER: _____
11. ARE YOU CURRENTLY AWARE OF ALL CONDITIONS THAT MAY
PRECLUDE YOU FROM THE ARDOUS DUTIES OF FIREFIGHTING?
 YES NO

TO BE FILLED OUT BY EXAMINING PHYSICIAN:

HEIGHT _____ WEIGHT _____
Blood Pressure RIGHT ARM ___ / ___ LEFT ARM ___ / ___
PULSE _____ REGULAR [] IRREGULAR []

EKG: TO BE DONE IF APPLICANT IS AGE 35 OR OLDER. IF HE/SHE IS UNDER 35 THEN EXAMINING PHYSICIAN WILL DETERMINE NEED.

EKG: _____

ENT: _____ LUNGS: _____

NEURO: _____

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: _____
