

Blakely Hose Company No. 2

MEMBERSHIP APPLICATION

Name: _____ Date: _____
Last First Middle

Address: _____
Street City State Zip

Driver's License #: _____ State: _____

Date of Birth: ____ / ____ / ____ Age: ____

Phone Number: (____) ____ - ____

Email Address: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____
Last First Middle

Address: _____
Street City State Zip

Phone Number: (____) ____ - ____

Class of membership you are applying for:

Junior Operational Non-Operational

Do you have any physical or mental disabilities and/or impairments? Yes No

If yes, please explain: _____

If yes, will this disability and/or impairment prevent you from operational firefighting activities? Yes No

If yes, please explain: _____

If you cannot serve as an active firefighter, would you be willing to serve in another capacity? Yes No

If yes, explain what capacity you would be willing to serve? _____

Have you ever applied for membership before? Yes No

If yes, when? _____

Have you ever been convicted misdemeanor and/or felony? Yes No

If yes, what was the nature of your conviction? _____

Have you resided in any other state since the age of 18? Yes No

If yes, what state(s)? _____

Do you currently belong to another fire department? Yes No

If yes, what fire department do you belong to? _____

Have you ever been discharged from another fire department? Yes No

If yes, what was the reason for your discharge? _____

Are you willing to abide by the by-laws of Blakely Hose Co. No. 2? Yes No

Will you take an order from a line officer? Yes No

Would you be willing to hold an administrative or line office position? Yes No

What is your reason for wanting to become a member? _____

PA or Pro-Board Certifications: HazMat Awareness HazMat Ops. FFI FFII

List any other prior training: _____

I hereby make application for membership into the BLAKELY HOSE COMPANY NO. 2.

Subject to the following conditions:

1. I will serve twelve (12) months as a probationary member.
2. I will have and enjoy all the rights and privileges of a regular member except, voting and holding office.
3. I shall pay all current dues and assessments and obey the by-laws now in force or hereafter enacted by this company.
4. I will attend firefighting training as desired by the state and this company.
5. At the end of twelve (12) months of satisfactory service, I will be made a regular member if I am over the age of eighteen (18).
6. I attest that all the information that I have provided is accurate to the best of my knowledge.
7. A junior member is required to apply to the company for senior membership when the member turns eighteen (18) years of age.

Applicant Signature

If applicant is under the age of 18:

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Sponsored By: _____

- Total application fee is \$6.20
- A \$5.00 non-refundable fee to complete a background check plus a \$1.20 refundable initial yearly dues fee must accompany the application.
- Junior members are exempt from all fees.

APPROVED BY THE MEMBERSHIP COMMITTEE

1. _____ 2. _____ 3. _____

Signatures of committee members state applicant is worthy of consideration.

Membership Status: Approved Rejected

President Signature

Date

BLAKELY HOSE COMPANY No. 2
315 Second Street
Blakely, PA 18447-1215

I hereby authorize the addressed police department or sheriff's office to furnish the above-named organization any information they may have on record or otherwise, and to hereby release the addressed institution and all other individuals connected therewith from any liability whatsoever incurred in furnishing such information.

Applicant Signature

Date

Addressed Police Department: Blakely Police Department
1439 Main Street
Peckville, PA 18447

BLAKELY HOSE COMPANY No. 2
Investigation Report

Name: _____

Last First Middle

Driver's License #: _____ **State:** _____

Date of Birth: _____ / _____ / _____ **Age:** _____

Applicant's Social Security #: _____ - _____ - _____

Present Address: _____

Street City State Zip

Comments concerning arrests and/or convictions:
(Include all charges even if they were dismissed and any felony convictions.)

Note: Please return all investigation reports regardless if applicant has a record or not.

MEDICAL STATEMENT

NOTE: This form is designated to provide the officer in charge of all personnel a complete history of the physical status as of date indicated without the need for expensive physical examinations. If any of the questions are answered yes, be sure the answer is fully explained.

Name: _____ **Date:** _____
 Last First Middle

Address: _____
 Street City State Zip

Date of Birth: _____ / _____ / _____ **Age:** _____

Social Security #: _____ - _____ - _____

1. Eyesight:

- a. Have you lost use of either eye? Yes No
- b. If yes, please indicate L or R
- c. Is peripheral (side) vision restricted? Yes No
- d. Are you color blind? Yes No
- e. Do you have, or have you ever had cataracts? Yes No
- f. Are actual deficiencies corrected by glasses, contacts, or surgery? Yes No
- g. Date of last eye exam: _____

2. Hearing:

- a. Do you have difficulty hearing normal conversation level? Yes No
- b. Do you use a hearing aid? Yes No

3. Diabetes:

- a. Have you ever been treated for diabetes? Yes No
- b. Are you currently taking medication? Yes No
- c. Describe current medication and dose, if any, under "Medical Remarks."

4. Heart:

- a. Have you ever been treated for heart disease? Yes No
- b. If yes, describe condition: _____
- c. Describe current medication and dose, if any, under "Medical Remarks."
- d. Do you have a pacemaker? Yes No
- e. Date of last treatment or checkup: _____

5. Epilepsy:

- a. Have you ever been treated for epilepsy? Yes No
- b. If yes, when was your last seizure? _____
- c. Describe current medication and does, if any, under "Medical Remarks."

6. Blood Pressure:

- a. Have you ever been treat for high blood pressure? Yes No
- b. If yes, when were you treated? _____
- c. What was your last reading? _____
- d. Describe current medication and dose, if any, under "Medical Remarks."

7. Limbs:

- a. Have you lost an arm or leg? Yes No
- b. Have you lost the use of an arm or leg? Yes No
- c. If so to either, describe under "Medical Remarks."

8. Miscellaneous:

- a. Have you ever had, or been treated for convulsions? Yes No
 - i. If yes, give the date of last treatment and describe current medication and dose, if any, under "Medical Remarks."
- b. Have you ever had fainting spells? Yes No
 - i. If yes, give the date of last treatment and describe current medication and dose, if any, under "Medical Remarks."
- c. Have you ever had, or been treated for loss of equilibrium?
 - i. If yes, give the date of last treatment and describe current medication and dose, if any, under "Medical Remarks."
- d. Have you ever been treated for mental illness? Yes No
 - i. If yes, give the date of last treatment and describe current medication and dose, if any, under "Medical Remarks."
- e. What was the date of your last physical exam? _____
- f. Are there any restrictions posted to your driver's license? Yes No
- g. Are you under the care of a physician for any conditions not mentioned above which may affect your ability to operate a motor vehicle? Yes No
 - i. If yes, describe under "Medical Remarks."

Full name, address and phone number of your personal physician:

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____

The answers above are true and accurate to the best of my knowledge.

Applicant Signature

Date

Statement of Criminal Conviction

I understand due to the involvement of BLAKELY HOSE COMPANY No. 2 with the general public, their homes, personal property, and their children that my membership in the organization will be terminated in the event that I am convicted of a felony or a violent crime against another person. I also understand that any felony convictions listed on my Pennsylvania State Police criminal background check will automatically disqualify me for membership.

Applicant Signature

Date