

# BRENTWOOD VOLUNTEER FIRE COMPANY

3433 BROWNSVILLE ROAD  
PITTSBURGH, PA 15227-3113  
Business Phone: 412-884-1433  
Fax: 412-884-6635

## MEMBERSHIP APPLICATION

**NOTICE OF NONDISCRIMINATION** - Per Title VII of the Civil Rights Act of 1964, Brentwood Volunteer Fire Company does not discriminate on the basis of race, color, religion, national origin, ancestry, sex, age, disability, sexual orientation, veteran status, the presence of a non-job medical condition or handicap.

### POSITION APPLIED FOR

Membership <input type="checkbox"/> ACTIVE FIREFIGHTER <input type="checkbox"/> JUNIOR FIREFIGHTER <input type="checkbox"/> ASSOCIATE FIREFIGHTER <input type="checkbox"/> SOCIAL MEMBER	Date of Application
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### PERSONAL INFORMATION

Name (Last, First, Middle Initial)			
Address (Street, City, State, Zip Code)			Date of Birth
Home Phone #	Cell Phone #	Social Security #	E-mail Address
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single	Spouse/Parent's Name (Last, First, Middle Initial)		Number of Dependents
List Your Addresses for the Past 7 Years			

### EMPLOYMENT HISTORY

Current Employer's Name	
Address (Street, City, State, Zip Code)	
Occupation	Dates Employed (month/year) From:                      To:
Previous Employer's Name	
Address (Street, City, State, Zip Code)	
Occupation	Dates Employed (month/year) From:                      To:
Previous Employer's Name	
Address (Street, City, State, Zip Code)	
Position/Title	Dates Employed (month/year) From:                      To:

**PREVIOUS TRAINING**

Certifications (Include Expiration Date) <input type="checkbox"/> CPR <input type="checkbox"/> ADVANCED FIRST AID <input type="checkbox"/> BASIC FIRST AID <input type="checkbox"/> EMT <input type="checkbox"/> PARAMEDIC 1 <input type="checkbox"/> PARAMEDIC 2	Expiration Dates
<input type="checkbox"/> FIRE CERTIFICATIONS  _____ _____ _____	
<input type="checkbox"/> INSTRUCTOR CERTIFICATION (S) _____	Expiration Dates

**PHYSICAL HISTORY**

Have you ever had: (Check if applicable) <input type="checkbox"/> DIABETES <input type="checkbox"/> HIGH BLOOD PRESSURE <input type="checkbox"/> EPILEPSY <input type="checkbox"/> SEIZURES <input type="checkbox"/> HEART DISEASE <input type="checkbox"/> MENTAL DISORDERS <input type="checkbox"/> BACK PROBLEMS <input type="checkbox"/> STROKES <input type="checkbox"/> ANY PHOBIAS <input type="checkbox"/> DRUG OR ALCOHOL ABUSE <input type="checkbox"/> CHRONIC DISEASES _____ <input type="checkbox"/> OTHER _____	Do you take any medications daily? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes please list: • _____ <input type="checkbox"/> _____ • _____ <input type="checkbox"/> _____ • _____		
Date of Last Physical	Physician's Name/Address	Telephone #	List Physical or Medical Limitations/Comments

**PREVIOUS FIRE COMPANY INVOLVEMENT**

Have you ever been involved with another fire company? (Check if applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please list the following.)			
Company Name	Company Chief or President	Contact Phone #	Reason For Leaving
Has another fire company ever refused you membership? (Check if applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please list the reason.)			
Has another fire company ever suspended or terminated your membership? (Check if applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please list the reason.)			
Have you ever been convicted of a crime other than a minor traffic violation? (Check if applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please list the reason.)			

**REFERENCES** – At minimum, list three personal references (**Do not** include relatives or Brentwood Volunteer Fire Company members.) The following references may be contacted.

Name (Last, First, Middle Initial)	Address (Street, City, State, Zip Code)	Home/Cell Phone #

**\*EDUCATION** – JUNIOR FIREFIGHTERS MUST COMPLETE (List most recent first)

Name of High School	Advisor	Current Grade	Graduation Year

**REQUIRED DOCUMENTATION AND PAYMENT**

Complete, file and return your Pennsylvania State Police Criminal Record Check Certification to the Brentwood Volunteer Fire Company, \$10 fee at <https://epatch.state.pa.us/RecordCheckEntry.jsp>  Submit copy of your Valid Driver's License if applicable.

Payment of Initiation Fee and Dues

- Active Firefighter      \$8.00 (\$5.00 Initiation fee and \$3.00 yearly dues)
- Junior Firefighter      \$8.00 (\$5.00 Initiation fee and \$3.00 yearly dues)
- Associate Firefighter    \$8.00 (\$5.00 Initiation fee and \$3.00 yearly dues)
- Social Member            \$35.00 (\$25.00 Initiation fee and \$10.00 yearly dues)

**PLEASE READ CAREFULLY AND SIGN**

I, (Print Name) \_\_\_\_\_ certify that the above statements are correct. I understand that any false information (or omissions) in this application, or its supporting documents, will be sufficient grounds for refusal of membership or termination without notice. I agree that all bylaws, standard operating guidelines, and regulations of the Brentwood Volunteer Fire Company shall constitute a part of my membership. I further understand that the Brentwood Volunteer Fire Company has the right to review my education, previous employment, and other background data.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*JUNIOR FIREFIGHTER'S PARENTS/GUARDIAN**

I, (Print Name) \_\_\_\_\_ acknowledge and consent to the above applicant's application to the Brentwood Volunteer Fire Company Junior Firefighter's Program. Interview of applicant with parents/guardian present will be conducted.

Parent/Guardian of Above Junior Fire Member Applicant

Signature: \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_ Date: \_\_\_\_\_

For Official Use Only

Receipt of Official Pennsylvania State Police Criminal Record Check Certification

Yes  No

Date: \_\_\_\_\_

Receipt of Initiation Fee and Dues

<input type="checkbox"/> Active Firefighter	\$8.00 (\$5.00 Initiation fee and \$3.00 year dues)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date: _____
<input type="checkbox"/> Junior Firefighter	\$8.00 (\$5.00 Initiation fee and \$3.00 year dues)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date: _____
<input type="checkbox"/> Social Member	\$35.00 (\$25.00 Initiation fee and \$10.00 year dues)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date: _____
<input type="checkbox"/> Associate Firefighter	\$8.00 (\$5.00 Initiation fee and \$3.00 year dues)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date: _____

Receipt of a copy of the Applicant's Valid Driver's License

Yes  No

Date: \_\_\_\_\_

Interview of Applicant, by the Line Officers and Board of Directors

Yes  No

Date: \_\_\_\_\_

Contact References/Advisors

Yes  No

Date: \_\_\_\_\_

Receipt of Physical Examination

Yes  No

Date: \_\_\_\_\_

Completion of Accident, Dismemberment and Life Insurance Form and Listed Beneficiaries

Yes  No

Date: \_\_\_\_\_

Issue of Bylaws (Company and Relief Association), Standard Operating Guidelines for Vehicle Operations-

Driving Regulations, Pennsylvania Child Labor Laws and Title VII of the Civil Rights Act of 1964, Prohibition of Employment Discrimination and Sexual Harassment.

Yes  No

Date: \_\_\_\_\_

Mail, email or fax the signed application to:

**Brentwood Volunteer Fire Company  
Attn: Recruitment  
3433 Brownsville Road  
Pittsburgh, PA 15227-3114**

**Fax: 412-884-6635**

**For more information, contact us:**

**Telephone: (412) 884-1433**

**Email: [brentwoodvfd@msn.com](mailto:brentwoodvfd@msn.com)**