

**Parkview Volunteer Fire Department  
Application for Membership**

**Personal Information:**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
  
Work Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
  
Emergency Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
Driver's License Number \_\_\_\_\_ Social Security Number \_\_\_\_\_

**Fire / EMS History Section:**

Fire Department (Y/N) \_\_ If you answered Yes then answer the following  
Fire Department Name \_\_\_\_\_  
Fire Department Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Fire Department Phone \_\_\_\_\_ Chief Name \_\_\_\_\_  
Member during what period: From \_\_\_\_\_ To \_\_\_\_\_  
  
EMS Department (Y/N) \_\_ If you answered Yes then answer the following  
EMS Department Name \_\_\_\_\_  
EMS Department Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
EMS Department Phone \_\_\_\_\_ Medical Officer Name \_\_\_\_\_  
Member during what period: From \_\_\_\_\_ To \_\_\_\_\_

**Fire / EMS Qualifications Section: (Check items that apply)**

Basic Fire fighting \_\_ Fire Fundamentals \_\_ Rescue \_\_ Haz Mat \_\_  
Auto Rescue \_\_ CPR \_\_ First Responder \_\_ AFA \_\_  
EMT \_\_ Paramedic \_\_ Certification Number and Expiration Date \_\_\_\_\_  
**\*List any other pertinent training on the back of this Membership Application**

**References Section: (Please list three references that we can call to verify your info)**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
  
Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
  
Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Do you promise to perform the duties of a fireman / Woman unless prevented from so doing by sickness, work o absence from the township?**

**Do you Promise to obey all laws, rules and regulations now in force or hereafter adopted for the government of the fire department?**

**I have been recommended by: \_\_\_\_\_ and \_\_\_\_\_**

**I do solemnly swear that the above statement is true to the best of my knowledge and belief, and that I will faithfully obey the laws, rules and regulations of the Parkview Volunteer Fire Department, and the orders of my superior officers to the best of my ability.**

**Signature**

**Date**

**Please Email this application to the Parkview Fire Chief or the EMS Medical Director. Both of their emails are posted on the contact section of our web site. <http://www.ParkviewVFD.org> or press File Send to while in Microsoft Word.**

**If you want to send this application back to Parvkiew by regular postal Mail then send it back to Parkview Volunteer Fire Department, 726 Midway Drive, Pgh, PA 15215. Please address the envelope to the attn: Membership Committee**

**Membership Committee Section**

**Experience verified: (Y / N)**

**By Who**

**References verified: (Y/ N)**

**By Who**

**Final Decision Section (Circle one)**

**Accepted**

**Rejected**

**Date**