

PLEASURE RIDGE PARK FIRE PROTECTION DISTRICT VOLUNTEER MEMBERSHIP APPLICATION



Application for:

___ Volunteer Firefighter ___ Reactivation/Transfer Volunteer Firefighter ___ Volunteer Shift Firefighter

MINIMUM QUALIFICATION REQUIREMENTS: A PRPPD Firefighter must have the following minimum qualifications:

1. Applicant must be at least eighteen (18) years of age
2. Applicant must have a high school diploma or state-recognized equivalent
3. Applicant must be a Kentucky resident

APPLICANT: PRINT IN INK. Answer each of the items on the following pages completely and accurately. Incomplete answers may disqualify you or may cause delays. FALSE answers may lead to rejection of application and/or dismissal. Please write the letters "NA" (not applicable) in those sections which do not apply to you. Copies of Driver's License and Proof of Auto Insurance ID card must be included with this application.

PLEASE COMPLETE THE FOLLOWING INFORMATION (Print Clearly)

Full Name _____

First

Middle

Last

Current Address _____

Street

City

State

Zip Code

Phone #: _____ Email: _____

Home

Work

Cell

Previous Address (If Above Address Less Than 5 Years):

Street

City

State

Zip Code

In Case of Emergency, Notify:

Name: _____ Relationship _____

Address _____

Phone #: _____

Home

Work

Cell

Present Employer: _____ **Position:** _____

Address: _____ How Long? _____

Previous Fire/Emergency Service Experience (Most Recent):

Department: _____ Rank/Position: _____

Type of Department: ___ Volunteer ___ Combination ___ Paid Service Dates: _____

Address: _____ Phone: _____

Chief's Name: _____

Department: _____ Rank/Position: _____
Type of Department: ___ Volunteer ___ Combination ___ Paid Service Dates: _____
Address: _____ Phone: _____
Chief's Name: _____

Current Certifications (Fire Service Instructor, EMT, CPR, Trench Rescue, Swift Water Rescue, Haz-Mat Operations, etc)

Type: _____ No: _____ Expires: _____
Type: _____ No: _____ Expires: _____
Type: _____ No: _____ Expires: _____

Education: (Check all that apply) Must **Attach a Photo Copy of Your Diploma or Completion Certification**

___ High School: _____ Year _____
___ College, University, Vocational Courses: _____ Year _____

Attach a Photo Copy of Your Valid Driver's License (Application Cannot Be Processed Without This Item)

Driver's License No: _____ State: _____ Expires: _____

Has your Operators License ever been suspended or revoked? YES NO If yes, please explain:

A non-felony conviction and/or an arrest does not necessarily mean you cannot be considered. The nature of the conviction and/or arrest and how long ago it occurred is important. Give all the facts so a decision can be made. You cannot be considered if there is a history of a felony conviction.

Have you ever been convicted of a felony? YES NO

List criminal convictions for the past 3 years:

Date	Description

List all traffic or criminal citations, domestic violence charges, arrests, or convictions: Do not include parking violations.

Date	Location	Description

all automobile accidents for the past 3 years:

Date	Location	Nature of Accident

Do you have insurance for your private vehicle? YES NO IT IS A REQUIREMENT! **Attach a Photo Copy of Your Proof of Auto Insurance ID Card Your name must be on the "Auto Insurance ID Card" OR "Dec Sheet" of the Auto Insurance Policy. This application WILL NOT be processed until it has been submitted)**

Do you have any medical condition(s) that would affect your ability to do heavy manual work (such as respiratory condition, back, or muscular problems), or any other condition(s) which would affect your ability to perform the duties of a Firefighter. If yes, please explain:

Give name, address, and telephone number of three references who are not related to you:

I UNDERSTAND THAT MEMBERSHIP IS PROBATIONARY FOR A PERIOD OF ONE YEAR DURING WHICH I MUST DEMONSTRATE MY FITNESS FOR CONTINUED MEMBERSHIP WITH THE PLEASURE RIDGE PARK FIRE DISTRICT. I FURTHER UNDERSTAND THAT I MAY BE REQUIRED TO PASS A MEDICAL EVALUATION AS A CONDITION OF CONTINUING MEMBERSHIP.

IN ORDER THAT THE CHIEF OR HIS DESIGNEE MAY BE FULLY INFORMED AS TO MY PERSONAL CHARACTER AND QUALIFICATIONS FOR MEMBERSHIP, I REFER TO MY EMPLOYER, REFERENCES GIVEN, AND ANY OTHER PERSON WHO MAY HAVE INFORMATION CONCERNING ME. AS THIS INFORMATION IS FURNISHED AT MY EXPRESS REQUEST AND FOR MY BENEFIT, I DO HEREBY RELEASE THEM FROM ANY AND ALL LIABILITY FOR DAMAGE OR WHATEVER NATURE ON ACCOUNT OF FURNISHING SUCH INFORMATION. I DO AGREE TO THESE CONDITIONS AND I HEREBY CERTIFY THAT ALL STATEMENTS MADE BY ME ON THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

I UNDERSTAND THAT WILLFULLY WITHHOLDING INFORMATION OR MAKING FALSE STATEMENTS ON THIS APPLICATION WILL BE GROUNDS FOR DISMISSAL.

Applicant's Signature: _____ **Date** _____

PLEASE RETURN COMPLETED PACKET INCLUDING COPIES OF VALID DRIVER'S LICENSE, PROOF OF AUTO INSURANCE & DIPLOMA or HIGH SCHOOL COMPLETION CERTIFICATE TO:

PLEASURE RIDGE PARK FIRE PROTECTION
DISTRICT HEADQUARTERS
9500 STONESTREET ROAD
LOUISVILLE, KY 40272

PLEASURE RIDGE PARK FIRE PROTECTION DISTRICT

Essential Functions of a Firefighter

The most important and indispensable duties required of a firefighter relate to fire suppression and rescue procedures, including the following functions:

SAFETY: A firefighter must know the dangerous building conditions created by fire and be able to act in a fire situation or hostile environment.

A firefighter must be able to use safety procedures in emergency operations in relation to:

- a. Protective equipment
- b. Team work
- c. Portable tools and equipment
- d. Riding on an apparatus
- e. Hazardous materials incidents

A firefighter must not pose a direct threat or significant risk to the health or safety of other firefighters or the public.

EMERGENCY MEDICAL CARE AND RESCUE: A firefighter must be able to examine a victim to identify symptoms of life threatening injuries and be able to search for victims in smoke filled buildings or other hostile environments, and remove injured persons from the immediate hazard.

FIRE EQUIPMENT: A firefighter must be able to use fire equipment such as nozzles and hose appliances carried on a pumper, advance dry hose lines, connect a fire hose to a hydrant, couple and uncouple fire hose, work from a ladder with a charged attack line, carry hose into a building, and replace a bust section of hose line, in an emergency situation.

SELF-CONTAINED BREATHING APPARATUS: A firefighter must know the various hazardous respiratory environments encountered in firefighting and be able to use self-contained breathing apparatus in an emergency situation.

FORCIBLE ENTRY AND VENTILATION: A firefighter must be able to use manual forcible entry tools, know the advantages and effects of ventilation, and be able to ventilate a fire.

LADDERS: A firefighter must be able to carry, raise, and climb ground and aerial ladders while carrying firefighting tools or equipment while ascending and descending, and while bringing an injured person down a ladder.

EMERGENCY SERVICES REQUEST

Organization: Pleasure Ridge Park Fire District Headquarters

Address: 9500 Stonestreet Road Louisville, KY 40272

Contact Person: Gayle A. Bolton, Executive Assistant

Phone #: 502-935-3878 #5

Administrative Office of the Courts
Pretrial Services
100 Millcreek Park
Frankfort, KY 40601
800-928-6381

The records request will be returned to the mailing address on a postage paid self-addressed return envelope. A separate addressed envelope on each person requested is required. If you have any questions, please contact Pretrial Services at 800-928-6381.

PLEASE PRINT OR TYPE THE INDIVIDUAL'S INFORMATION CLEARLY.

Social Security Number: _____

Date of Birth: _____

Full Name: _____

Maiden or Alias Names: _____

Street Address/P.O. Box #: _____

City, State, Zip Code: _____

APPLICANT - DO NOT WRITE ON THIS PAGE

APPLICANT: _____ SS#: _____

Date/Initial

01 Application Received By: _____ _____

02 Address Confirmed: **MUST** match address on Driver's License YES NO _____

03 Copy of Driver's License # : _____ Expiration Date: _____ _____

04 Copy of: ____ Auto Insurance ID Card **with name listed** & Expiration Date: _____ _____

(OR)

____ Dec Page of Policy **with name listed** & Expiration Date: _____ _____

05 Copy of Diploma: _____ _____

06 First Alarm Area: _____ Station Assignment: _____ _____

07 Application Receipt Letter Sent to Applicant? YES NO _____

08 Criminal Record Investigation: Date Requested: _____ Date Received: _____ _____

09 Driving Record Investigation: Date Requested: _____ Date Received: _____ _____

10 COMMENTS:

COMMAND STAFF RECOMMENDATION

Approve Application Disapprove Application Conditional Approval

Date: _____ Signature: _____ Rank: _____

ACCEPTANCE PROCESSING

Acceptance letter mailed to the applicant _____

Recruit Class notification letter mailed to the applicant _____

Reactivation notification to the applicant _____

Notification of any training required for reactivation _____

Deadline to have FF Physical Completed and receive FFD by: __/__/__ _____

(Updated 01/26/2018)