

PLEASURE RIDGE PARK FIRE DISTRICT

District Headquarters
8504 Terry Road
Louisville, Kentucky 40258
935-3878

APPLICATION FOR
VOLUNTEER MEMBERSHIP

PLEASURE RIDGE PARK FIRE DISTRICT MEMBERSHIP APPLICATION

Application for:

Associate Member Volunteer Firefighter Reactivation/Transfer Firefighter Shift Firefighter

PLEASE COMPLETE THE FOLLOWING INFORMATION (Print or Type)

Full Name _____
Last First Middle

Current Address:

Street _____

City _____ State & Zip _____

Telephone No: Home: _____ Work: _____ Other: _____

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

Street _____

City _____ State & Zip _____

In Case of Emergency, Notify:

Name: _____ Relationship _____

Address _____

Home Phone: _____ Work: _____ Other: _____

Present Employer:

Name: _____ Position: _____

Address: _____ How Long? _____

Previous Fire/Emergency Service Experience (Most Recent):

Department: _____ Rank/Position: _____

Type of Department: Volunteer Combination Paid Service Dates: _____

Address: _____

Telephone: _____ Chief's Name: _____

Additional Fire/Emergency Service Experience:

Department: _____ Service Dates: _____

Address: _____

Telephone: _____ Chief's Name: _____

Current Certifications (Fire Service Instructor, EMT, CPR, Other)

Type: _____ No: _____ Expires: _____

Type: _____ No: _____ Expires: _____

Type: _____ No: _____ Expires: _____

Education: (Check all that apply)

____ High School student at _____ Grade _____

____ High School Diploma or GED from _____ Year _____

____ If you did not graduate from high school, list highest grade level completed _____

Vehicle License No: _____ **State** _____ **Expires:** _____

Please Attach A Photo Copy of Your Vehicle License

(Application Cannot Be Processed Without This Item)

Has your operators license ever been suspended or revoked? YES NO

If yes, please explain _____

Have you ever been convicted of a felony? YES NO

List criminal convictions for the past 3 years.

Date Description

List all traffic citations or convictions for the past 3 years. Do not include parking violations.

Date Location Description

List all automobile accidents for the past 3 years.

Date Location Nature of Accident

Do you have insurance for your private vehicle? YES NO

Please Attach A Photo Copy of Your Proof of Insurance Card

(Application Cannot Be Processed Without This Item)

Do you have any medical condition(s) which 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 _____

FORMS\FF APPLICATION

REVISED 1/28/2004

EMERGENCY SERVICES REQUEST

Organization: Pleasure Ridge Park Fire District Headquarters

Address: 8504 Terry Road, Louisville, KY 40258

Contact Person: Gayle A. Bolton, Executive Assistance

Phone #: 502-935-3878

Tax Exempt #: SD56115

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

 INVESTIGATION RECORD

APPLICANT: _____ SOCIAL SECURITY NUMBER: _____

- | | DATE |
|---|-------|
| 01 Application Received: | _____ |
| 02 Address Confirmed: YES NO | _____ |
| First Alarm Area: _____ Station Assignment: _____ | |
| 03 Application Receipt Letter Sent to Applicant? YES NO | _____ |
| 04 Criminal Record Investigation Complete | _____ |
| Date Requested: _____ Date Received: _____ | |
| 05 Driving Record Investigation Complete: | _____ |
| Date Requested: _____ Date Received: _____ | |
| 06 COMMENTS: | |

 COMMAND STAFF RECOMMENDATION

Approve Application Disapprove Application Conditional Approval

Date: _____ Signature: _____ Rank: _____

 ACCEPTANCE PROCESSING

- Acceptance letter mailed to the applicant. _____
- Class notification letter mailed to the applicant. _____
- Training file prepared. _____
- Data entered in the Training Data Base. FFID # _____
- Personnel file prepared and forwarded to headquarters _____