

# Pine Village Community Volunteer Fire Department, Inc.

## *New Membership Application*



**Applicant Name:** \_\_\_\_\_

**Applying For:**

Please Check One

- ☐ Firefighter
- ☐ Cadet
- ☐ Auxiliary

## **Pine Village Community Volunteer Fire Department, Inc.**

206 S Main  
Pine Village, Indiana 47975  
Non-emergency (765) 385-0348

Dear Prospective Member,

Thank you for your interest in becoming a member of the Pine Village Community Volunteer Fire Department, Inc. We strive to be a proud and well-respected part of this community.

The following items are just a few points to consider before you decide to become a member of this Fire Department.

1. The Pine Village Community Volunteer Fire Department, Inc. provides emergency response (fire, motor vehicle accidents, and first response emergency medical services) to the Town of Pine Village and surrounding townships covering approximately 110 square miles.
2. You will be expected to attend department meetings, which are held on the second Wednesday of each month.
3. Training is very important in this department. We invest a great deal of time in training our new and current members and we need total commitment from them. Normal training is held the third Wednesday night from 7PM to 9PM. With additional training scheduled on an as needed basis.
4. A six (6) month probationary period is required for all new members. An additional period may be required in the event that your minimum requirements have not been satisfied.
5. You should discuss this commitment that you are thinking about making with your immediate family. Becoming a volunteer firefighter can affect your lifestyle, and you and your family should be prepared for this challenge.

Thank you and we look forward to processing your application to become a member of the Pine Village Community Volunteer Fire Department.

Regards,

**Cody Craig**

Chief  
Pine Village Community Fire Department, Inc.



**Pine Village Community Volunteer Fire Department, Inc.**

**MEMBERSHIP APPLICATION**

*The prerequisites for joining the Pine Village Community Volunteer Fire Department, Inc. are:*

1. You must be at least 16 years of age
2. You must be in good general health in order to perform rigorous public service duties.

*This application must be filled out completely. Any questions left blank could cause the application to be rejected. If you are under 18 years of age, a parent or legal guardian must also sign this application.*

*After your application is returned and processed, you will be contacted for a personal interview. It will be explained to you exactly what is expected of the members of the Pine Village Community Volunteer Fire Department. You will be asked questions pertaining to your prospective membership and are encouraged to ask as many questions as you like. This will be an opportunity for you to obtain a better understanding of what it is like to be a volunteer firefighter.*

*If accepted for membership by the Pine Village Community Volunteer Fire Department, a physical examination is required. This will be explained in more detail during your interview.*

*Any misrepresentation or fraudulent information provided during this application process, either written or verbal, can result in the immediate rejection of your application.*

*The Pine Village Community Volunteer Fire Department does not discriminate based on race, sex, age (except for minimum of 16 years of age), sexual orientation, or creed. The Pine Village Community Volunteer Fire Department, Inc., reserves the right to accept or reject any application for any reason exclusive to the above.*

*Once a member, the Pine Village Community Fire Department also reserves the right to dismiss any member for any activities unbecoming of the member or department at any time without threat of recourse.*

*Thank you for your interest in the Pine Village Community Volunteer Fire Department. We look forward to your joining us soon!*

# Pine Village Community Volunteer Fire Department, Inc.

## MEMBERSHIP APPLICATION

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

1. \_\_\_\_\_  
(Last Name) (First Name) (Middle Initial)

2. \_\_\_\_\_  
(Address) (Apt. #)

3. \_\_\_\_\_  
(City/Town/Village) (State) (Zip Code)

4. Telephone: Home: (\_\_\_\_) \_\_\_\_\_ Cellular: (\_\_\_\_) \_\_\_\_\_

5. How long have you resided at the above address? Years: \_\_\_\_\_ Months: \_\_\_\_\_

6. How long have you resided in Indiana State? Years: \_\_\_\_\_ Months: \_\_\_\_\_

7. Date of Birth: \_\_\_\_\_

8. Is additional information about a change in your name or your use of an assumed name or nickname necessary to enable a check of your eligibility for membership? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes – Please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. Are you currently employed? Yes \_\_\_\_\_ No: \_\_\_\_\_

If yes, give employer information below. May we contact your employer as a reference? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Company \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Position Held \_\_\_\_\_

10. Do you have a valid Indiana State Driver's License? Yes \_\_\_\_\_ No \_\_\_\_\_

11. Please indicate your availability to participate in normally required fire department activities (alarm response, drills, meetings)

Please check appropriate time periods.

Weekdays: Days \_\_\_\_\_ Evenings \_\_\_\_\_ Nights \_\_\_\_\_

Weekends: Days \_\_\_\_\_ Evenings \_\_\_\_\_ Nights \_\_\_\_\_

## Pine Village Community Volunteer Fire Department, Inc.

12. Have you previously been a member of a Fire Department? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide name and address of agency.

Name of Agency: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

13. Please list any Public service Courses you have completed:

Course Name	Year Completed

14. Please list any Emergency Medical training you have completed:

Course Name	Year Completed	Is Certification Current?

15. Being a member of this department has many facets. This section is to give the department a general idea of your interest. As training progresses, it is understood that these interests may change. Please check all that apply.

Fire Operations	Yes _____	No _____
Rescue Operations	Yes _____	No _____
Emergency Medical Service	Yes _____	No _____
Parades	Yes _____	No _____
Committee Work	Yes _____	No _____

16. Have you ever been convicted of or pled guilty to a felony, misdemeanor, insurance fraud, arson, or a reduction to one of these offenses? Yes \_\_\_\_\_ No \_\_\_\_\_ *If yes, please give details in the section entitled Additional Information.*

**Pine Village Community Volunteer Fire Department, Inc.**

17. Please list the names of any acquaintances that are members of this department.

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18. OSHA and State regulations require you to pass a physical examination before becoming a firefighter. Will you be willing to undergo a medical examination? Yes \_\_\_\_\_ No \_\_\_\_\_

### ADDITIONAL INFORMATION

Please use the below space to include any additional information deemed pertinent to your application for membership.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



**Pine Village Community Volunteer Fire Department, Inc.**

**Criminal Background Check**

**Please write legibly or your application will not be processed**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial \_\_\_\_\_

Also Known as: \_\_\_\_\_ N/A: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Indiana Driver's License #: \_\_\_\_\_

I hereby authorize the Pine Village Community Volunteer Fire Department, Inc. to initiate a criminal background check and a Department of Motor Vehicle history check at any time for any reason:

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

***This background check may be completed by the Indiana State Police and/or the Warren County Sheriff Department.***

Background Findings: \_\_\_\_\_

Police Department Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Pine Village Community Volunteer Fire Department, Inc.**

The above applicant is:

\_\_\_\_\_ APPROVED

\_\_\_\_\_ DISAPPROVED

Reason for determination:

Fire Department Signature: \_\_\_\_\_

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



**Pine Village Community Volunteer Fire Department, Inc.**

**Applicant Statements**

WITHIN THE FREEDOM OF INFORMATION LAW, ALL INFORMATION CONTAINED/OR OBTAINED HEREIN WILL REMAIN CONFIDENTIAL AND WILL BE USED ONLY FOR INTERNAL MEMBERSHIP PROCESSING.

"I hereby make application to become a member of the Pine Village Community Volunteer Fire Department, Inc., I promise cheerful compliance to all laws, rules, and regulations of said department and pledge myself to respond to alarms and attend at minimum thirty-three (33) percent of dispatches and meetings. I understand that I will undergo a probationary period of six (6) months after becoming a member and thereafter live up to all obligations of an active member. I also pledge strict and prompt obedience to the orders of the chief and his duly constituted assistants when at fire or activities. I will also attend required mandatory Firefighting training during my first six (6) months of membership".

IN WITNESS WHEREOF, THIS APPLICATION HAS BEEN SUBSCRIBED THIS \_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_, BY THE UNDERSIGNED APPLICANT WHO AFFIRMS THAT THE STATEMENTS MADE HEREIN ARE TRUE UNDER THE PENALTIES OF PERJURY.

Applicant Signature: \_\_\_\_\_

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

If you are under 18 years of age, this application must also be signed by a parent or legal guardian.

Parent/Legal Guardian Signature: \_\_\_\_\_

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

**Pine Village Community Volunteer Fire Department, Inc.**

**-- THIS SHEET FOR FIRE DEPARTMENT USE ONLY --**

1. Application Received (date): \_\_\_\_\_
2. Criminal Background Check (date): \_\_\_\_\_
3. Notification to Applicant for Interview Date: \_\_\_\_\_
4. Interview Date: \_\_\_\_\_

Membership Approval (at least three fire officers must be present to conduct interview)

Yes \_\_\_\_\_ No \_\_\_\_\_

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

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

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

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

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

5. Letter sent to applicant with Physical Authorization Letter (date) \_\_\_\_\_

6. Physical Results Received (date): \_\_\_\_\_ Pass \_\_\_\_\_ Fail \_\_\_\_\_

Chief Signature to confirm receipt: \_\_\_\_\_

14. Applicant Notified on Membership Approval: (date) \_\_\_\_\_

15. Applicant Obligated: (Meeting date): \_\_\_\_\_

Department ID Assigned: \_\_\_\_\_ Member Information entered into database (date): \_\_\_\_\_