

**PEACHAM VOLUNTEER FIRE DEPARTMENT**  
**PO BOX 112, 64 MACKS MOUNTAIN RD.**  
**PEACHAM, VT 05862-0112 802-592-3392**

# MEMBERSHIP APPLICATION

*Please review the Department's Personnel Policies and Bylaws before completing this application.*  
*Peachamfiredepartment.com*

We are an Equal Opportunity Organization. We consider applicants for membership without regard to race, color, creed, religion, sex, national origin, marital or veteran status, the presence of a non-job-related medical condition or handicap, and any other legally protected status. It is our policy to abide by Federal, State and local laws concerning discrimination. No question in this application is intended to elicit information in violation of any such law.

## PERSONAL INFORMATION

Last Name	First Name	Middle	Date of Application
Street Address			Cell Phone
City, State, ZIP			Home Phone
Certifications: Select what you currently have. <input type="checkbox"/> None <input type="checkbox"/> FF1 <input type="checkbox"/> FF2 <input type="checkbox"/> EMR <input type="checkbox"/> EMT <input type="checkbox"/> AEMT <input type="checkbox"/> CPR  <input type="checkbox"/> Other _____			Driver's License No. & State _____  <input type="checkbox"/> Check here if you have a CDL. <input type="checkbox"/> I don't have a driver's license.
Email address:			
In case of emergency, notify:			
Name	Phone	Relationship	

## EDUCATION AND TRAINING

LEVEL	NAME and LOCATION	COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE	DIPLOMA OR DEGREE
High School				<input type="checkbox"/> YES <input type="checkbox"/> NO	
College				<input type="checkbox"/> YES <input type="checkbox"/> NO	
Other Education or Training				<input type="checkbox"/> YES <input type="checkbox"/> NO	

List any other training, special skills, or certifications you hold.

## GENERAL WORK EXPERIENCE (Also, if you have experience as a FF or EMT, list below.)

NAME & ADDRESS	FROM	TO	POSITION	SUPERVISOR	REASON FOR LEAVING

## REFERENCES

NAME	ADDRESS	PHONE	RELATIONSHIP	YEARS KNOWN

**This page/side of the Application will be reviewed by the Entire Membership of the Department.**

**Please Continue with the Application on the Other Side.**

**This page/side of the Application will be reviewed by the Executive Committee of the Department ONLY.**

Last Name	First Name	Middle	Social Security Number
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**ADDITIONAL INFORMATION**

Are you over 16 years of age? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you over 18 years of age? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you over 21 years of age? <input type="checkbox"/> YES <input type="checkbox"/> NO
<p><b>NOTICE – Junior members are under 18 years of age. Applicants under 18 require Parental Permission. Please complete this section if applicable. As the applicant’s parent/ legal guardian, I understand that firefighting and EMS are inherently dangerous jobs. I have reviewed the Personnel Policies. I give my permission for my son/daughter to serve as a Junior Member of the Peacham Volunteer Fire Department (PVFD) and I will hold the PVFD and Town of Peacham harmless for any injury that may be incurred by my son/daughter.</b></p>		
Print Name _____ Signature _____ Date _____ Relationship _____		

**Applicant, have you been convicted of a crime** in the past 7 years, excluding misdemeanors and summary offenses, which have not been annulled, expunged, or sealed by a court?  YES  NO If yes, please describe in detail:

**MOTOR VEHICLE HISTORY (Submit a copy of your current License.)**

Do you have any motor vehicle convictions? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please describe in spaces below:	Have you ever been convicted of DWI? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please describe in spaces below:	Has your license been revoked or placed under suspension? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please describe in spaces below:	
<b>DATE</b>	<b>NATURE OF OFFENSE</b>	<b>LOCATION/STATE</b>	<b># POINTS and OUTCOME</b>

**HEALTH**

Please select any of the following conditions that you suffer from or have had in the past:  
 Back problems  Heart conditions  Seizure disorders  Respiratory/lung conditions  Visual problems  
 Corrective lenses/glasses  Hearing impairments  Physical impairments  Hernia  Drug or alcohol abuse  
 Psychiatric or mental disorders  Fear of heights  Fear of confined spaces  
 If selected, please explain:

Are there any circumstances that may affect your ability to perform job related tasks in a safe manner?  YES  NO  
 If Yes, please describe:

**APPLICANT’S CERTIFICATION**

- I certify that all the information provided by me is true and complete to the best of my knowledge.
- If offered membership, I understand that membership is contingent upon verification of the above information and my ability to perform the job. I authorize investigation of all statements contained in this application.
- I have read and understand the Peacham Volunteer Fire Department Personnel Policies and Bylaws. If approved as a member, I will abide by the Personnel Policies and Bylaws.

Applicant’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**----- FOR OFFICE USE ONLY – DO NOT WRITE BELOW -----**

Reviewed by: _____ Date: _____	MV Record checked by: _____ Date: _____
Certifications verified on Date: _____	Background checked by: _____ Date: _____
Contacted <input type="checkbox"/> VT EMS Office <input type="checkbox"/> VT State Training Council	Meeting Date Voted: _____ <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected
References checked by: _____ Date: _____	Comments: _____ Ver.11/2024