

**APPLICATION FOR THE
PIKEVILLE VOLUNTEER FIRE DEPARTMENT**

DATE: ___/___/___

PLEASE PRINT

FULL NAME: _____ AGE: _____ HEIGHT: _____ WEIGHT _____ LBS

D.O.B.: _____ S.S.#: _____ SEX: MALE: _____ FEMALE: _____

HOME ADDRESS: _____ MAILING ADDRESS: _____

CITY: _____ STATE: _____ HOME PHONE NUMBER: _____

EMPLOYER'S NAME: _____ EMPLOYER'S ADDRESS: _____

CITY: _____ STATE: _____ WORK PHONE NUMBER: _____

MARTIAL STATUS: SINGLE: _____ MARRIED: _____ DIVORCED: _____

IF YOU ARE PAGED OUT WHILE YOU ARE WORKING WILL YOUR EMPLOYER LET YOU LEAVE.
YES: _____ NO: _____ OTHER: _____

HAVE YOU BEEN UNDER THE CARE OF A PHYSICIAN IN THE LAST TWO YEARS YES: _____ NO: _____

LIST THE HIGHEST GRADE OR EDUCATIONAL LEVEL THAT YOU HAVE COMPLETED, USE A #
GRADE SCHOOL: _____ HIGH SCHOOL: _____ COLLEGE: _____ GED: _____

HAVE YOU EVER BEEN ON THIS DEPARTMENT BEFORE YES: _____ NO: _____ OTHER'S: _____
IF YOU ANSWERED YES PLEASE GIVE THE DATES IN WHICH YOU WERE ON: _____

GIVE THE NAME'S OF THREE PERSONAL REFERENCES (NOT RELATED TO YOU)
NAME: _____ ADDRESS: _____ PH#: _____
NAME: _____ ADDRESS: _____ PH#: _____
NAME: _____ ADDRESS: _____ PH#: _____

PLEASE READ THE BY-LAWS ON THE BACK OF THIS APPLICATION. AFTER READING DO YOU
AGREE TO ABIDE BY THEM TO THE BEST OF YOUR ABILITY. YES: _____ NO: _____

ANY STATEMENT FALSIFIED BY AN APPLICANT ON THIS APPLICATION WILL RESULT IN
THE DISMISSAL OF THE APPLICANT IN THE FUTURE IF THEY ARE ACCEPTED AS A MEMBER

PLEASE EXPLAIN IN THE SPACE BELOW AS TO YOUR REASON FOR WANTING TO BECOME A
MEMBER OF THIS DEPARTMENT AND WHAT YOU EXPECT TO ACCOMPLISH. _____

IN SIGNING THIS APPLICATION YOU GIVE YOUR PERMISSION FOR A COMPLETE BACK
GROUND CHECK THROUGH (NCIC) NATIONAL CRIME INFORMATION CENTER AND OPERATOR
LICENCE CHECK.

APPLICANT SIGNATURE: _____ DRIV# _____

////////////////////////////////////// FOR OFFICE USE ONLY//////////////////////////////////////
DATE VOTED ON: ___/___/___ ACCEPTED OR REJECTED _____

FC/VOLAPP

NUMBER OF MEMBERS PRESENT: _____

PIKEVILLE VOLUNTEER FIRE DEPARTMENT
BY - LAWS

01. APPLICANT MUST BE AT LEAST 18 YEARS OF AGE.
02. APPLICANT MUST POSSESS A VALID KENTUCKY DRIVERS LICENSE.
03. APPLICANT MUST HAVE ACCESS TO A MOTOR VEHICLE THAT IS IN SAFE OPERATING CONDITION.
04. APPLICANT MUST BE OF GOOD MORAL CHARACTER.
05. APPLICANT MUST NOT USE DRUGS OR ANY CONTROLLED SUBSTANCE NOR BE AN ABUSER OF ALCOHOL AND BE SUBJECT TO A DRUG TEST TO BE REQUESTED BY THE CHIEF AT HIS DISCRETION SUCH AS IN FEAR OF A SAFETY RISK.
06. APPLICANT MUST BE ABLE TO READ WRITE AND BE ABLE TO VERBALLY COMMUNICATE USING THE ENGLISH LANGUAGE.
07. APPLICANT MUST MAINTAIN THE REQUIRED TRAINING HOURS BY THE STATE OF KENTUCKY.
08. APPLICANT MUST BE IN GOOD HEALTH.
09. NEW EQUIPMENT WILL GO TO THE MOST ACTIVE PERSON WHEN NEW EQUIPMENT IS ISSUED TO MORE THAN ONE PERSON AT A TIME.
10. APPLICANT MUST NOT MISS MORE THAN TWO FIRE DRILLS IN A ROW WITHOUT A VERY GOOD EXCUSE.
11. AFTER NEW EQUIPMENT HAS BEEN ISSUED, IF YOU SLACK DOWN ON FIRES AND DRILLS, THE EQUIPMENT WILL BE (UPON REQUEST) TURNED IN.
12. ALL NEW APPLICANTS WILL BE VOTED ON BY THE VOLUNTEER MEMBERS AT THE NEXT BUSINESS MEETING FOLLOWING THERE APPLICATION DATE. PROVIDED THE CHIEF HAS BEEN ABLE TO REVIEW THE APPLICATION PRIOR TO THE MEETING.
13. ALL NEW APPLICANTS WILL BE INVESTIGATED FOR CHARACTER AND HONESTY BEFORE BEING VOTED ON.
14. ELECTION WILL BE HELD ONCE A YEAR IN THE MONTH OF DEC. NEWLY ELECTED OFFICERS WILL TAKE OFFICE IN JAN. OF THE FOLLOWING YEAR.
15. WHEN AN APPLICANT IS DENIED MEMBERSHIP, HE/SHE MUST WAIT AT LEAST SIX MONTHS BEFORE RE-APPLYING.
16. ALL MEMBERS ARE REQUIRED TO MAKE AS MANY FIRE RUNS AS POSSIBLE.
17. ALL ISSUED EQUIPMENT MUST BE KEPT IN GOOD CONDITION, IF YOU HAVE EQUIPMENT DAMAGED DUE TO FIRE DEPT. RELATED INCIDENTS REPLACEMENT OR REPAIRS WILL BE MADE AT F.D. EXPENSE. OTHERWISE ALL MAINTENANCE IS YOUR RESPONSIBILITY.
18. SPECIAL CONSIDERATION WILL BE GIVEN IF YOU LIVE WITHIN A FIVE MILE RADIUS OF THE CITY OF PIKEVILLE DISTRICT.
19. MUST NOT BE A MEMBER OF ANY OTHER VOLUNTEER FIRE DEPARTMENTS DUE TO POSSIBLE MANPOWER SHORTAGES IN THE EVENT OF THE NEED FOR MUTUAL AIDE.