

**KING OF PRUSSIA VOLUNTEER FIRE COMPANY  
170 ALLENDALE ROAD  
KING OF PRUSSIA, PENNSYLVANIA 19406**

610-265-1063 Allendale Road Station  
610-337-8230 West Beidler Road Station  
610-265-3205 FAX  
610-265-5635 Social Hall  
email [info@kpvfc.com](mailto:info@kpvfc.com) Web [www.kpvfc.com](http://www.kpvfc.com)



**MEMBERSHIP APPLICATION (PLEASE COMPLETE PAGES 1 AND 2)**

Date \_\_\_\_\_ Name \_\_\_\_\_

E-Mail \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

DOB \_\_\_\_\_ Age \_\_\_\_\_ SS# \_\_\_\_\_

Driver License # \_\_\_\_\_ State \_\_\_\_\_ Driver License Class \_\_\_\_\_

Expiration Date \_\_\_\_\_ Resident of Pennsylvania for the past 10 years  Yes  No

**Education:**

High School/Tech School \_\_\_\_\_

College/Vocational School \_\_\_\_\_

Post Graduate School \_\_\_\_\_

**Military Experience:**

**Emergency Contact Information:**

Name of the person to contact in case of an emergency \_\_\_\_\_

Emergency Contact Number \_\_\_\_\_

**Background Investigation:**

Do you have a criminal record? (Convictions only)  Yes  No - If Yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

*I agree to permit the King of Prussia Volunteer Fire Company to conduct an investigation into my background, including a criminal records and child abuse clearance, through the Upper Merion Township Police Department, Pennsylvania State Police, FBI, or any other recognized law enforcement organization. The King of Prussia Volunteer Fire Company will hold this information in strict confidence. I also agree to provide information regarding my driver license and acknowledge and permit annual motor vehicle record checks to be conducted. I further understand that a medical examination is required, at the expense of the fire company, to assure both the physical and psychological ability to perform assigned duties and to demonstrate a cancer free status. Passing all background records checks is a prerequisite to consideration. A driver's license and reliable transportation is required for those over the age of 18.*

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Fire Chief: \_\_\_\_\_ Date: \_\_\_\_\_

*All sections on both pages of this application need to be completed in full and submitted to either the Chief or Deputy Chief of the King of Prussia Volunteer Fire Company.*



**ADDITIONAL ESSENTIAL MEMBERSHIP INFORMATION REQUIRED**

Date \_\_\_\_\_ Name \_\_\_\_\_

**Previous Firefighting Experience:**

Fire Company \_\_\_\_\_ Dates \_\_\_\_\_

Rank \_\_\_\_\_ Chief \_\_\_\_\_

Fire Company \_\_\_\_\_ Dates \_\_\_\_\_

Rank \_\_\_\_\_ Chief \_\_\_\_\_

List any training received (firefighter, EMS, rescue, etc.) Copies of certificates need to be submitted to the Deputy Chief. Attach additional pages if necessary.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**Health Information:**

Are you affected by any of the following?

\_\_\_ Heart/Coronary Artery Disease \_\_\_ Epilepsy/Seizure Disorders \_\_\_ Diabetes \_\_\_ Back Injury

\_\_\_ High Blood Pressure \_\_\_ Sensory Disorders \_\_\_ Pulmonary Disease \_\_\_ Other Health Disorders?

Is there any reason that your current health would restrict your activities as a firefighter?

(If so, please explain) \_\_\_\_\_

Do you have any fears/phobias that would restrict your activities as a firefighter, such as a fear of height, claustrophobia, etc. (If yes, please explain) \_\_\_\_\_

As noted on Page 1 of this application, *“a medical examination is required, at the expense of the fire company, to assure both the physical and psychological ability to perform assigned duties and to demonstrate a cancer free status.”*

Would you object to receiving a physical examination?  Yes  No

**Please Mail Application To: KING OF PRUSSIA VOLUNTEER FIRE COMPANY  
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