



Brodhead Volunteer Fire Department

PO Box 46 Brodhead KY. 40409

Non-emergency: 606-758-8113

Fax: 606-758-8113

Emergency: 911



Membership Application

Personal Data

Application Date _____

Name _____ Soc. Sec. # _____ Drivers License # _____

Address _____ City & State _____ Zip _____

Age _____ DOB _____ Highest Level of Education _____

Home Phone # _____ Cell # _____ Work # _____

Do you have any convictions for misdemeanors? Yes _____ No _____

Do you have any convictions for felonies? Yes _____ No _____

If either is Yes, state on a separate sheet of paper, including state, type, and dates.

A background check is to be made of all applicants. Do you have objections? _____

Do you have experience and or training in firefighting? _____ Dept _____

Type of training _____ Dates, from _____ to _____

List any other information you would like to provide: _____

Emergency Data Contact

Name _____ Address _____ Relationship _____

Home Phone # _____ Work # _____ Doctor _____ Phone # _____

Blood Type _____ Allergies _____ Physical Handicaps _____

I certify that I will uphold the Rules and Regulations and the Standard Operating Guidelines of the Brodhead Volunteer Fire Department to the best of my abilities. If I choose to end my relationship, or if my services are terminated, I will return all fire department issued equipment to the department within 48 hours of that decision. I also certify the above information is true and correct to the best of my knowledge.

Signature _____

Date _____



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For Department Use

Six Months Probation

The entire membership of the Brodhead Volunteer Fire Department will vote on the new member. A majority vote is necessary for membership in the Brodhead Volunteer Fire Department.

Applicant _____ Passed _____ Rejected _____

Chief

Date

Probation

If accepted to the membership of BVFD you may be assigned a probation period. During this probation period what you may do with BVFD may be limited. This probation period and its limitations are set by Brodhead Volunteer Fire Department's standard operating guidelines (SOG) but they may be waived partially or in whole by the Chief. Any deviations from the probation period outlined are to be noted below by the chief.

Chief

Date

Assigned BVFD Fire Department Unit Number _____ BVFD DATE OF HIRE _____

Date, submitted to Commission on Fire Protection Personnel, Standards, and Education.

Date _____ by _____

State Assigned Firefighter Number FFN _____