

**Pleasant Grove Volunteer Fire Department  
MEMBERSHIP APPLICATION**

**All information in this application is considered confidential**

**Personal Information:**

Name \_\_\_\_\_  
Last First Middle Date of Birth

Mailing Address: \_\_\_\_\_  
P O Box or Street City Zip

Physical Address: \_\_\_\_\_  
Street City Zip

Phone Number(s): \_\_\_\_\_  
Home Cell E-Mail Address:

SS No.: \_\_\_\_\_ Current DL# \_\_\_\_\_ State \_\_\_\_\_

**Additional Information:**

Reason for interest in becoming a member of the Pleasant Grove V.F.D. \_\_\_\_\_

Recommended by: \_\_\_\_\_

Previous Fire Experience: \_\_\_\_\_ Volunteer, \_\_\_\_\_ Paid, \_\_\_\_\_ Other (Explain) \_\_\_\_\_

Where \_\_\_\_\_ Years of Experience \_\_\_\_\_

Special Education or Experience \_\_\_\_\_

How long have you lived in this area? \_\_\_\_\_

What are your job working hours? \_\_\_\_\_ What hours are you available? \_\_\_\_\_

Have you ever been arrested for one or more of the following:  
\_\_\_\_\_ DWI \_\_\_\_\_ DUI \_\_\_\_\_ Felony \_\_\_\_\_ Misdemeanor. If so please explain

**Employment:**

Where are you currently employed? Please include address and supervisor's contact info:  
\_\_\_\_\_

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**Medical Information:**

Have you ever had a back injury? \_\_\_\_\_ Yes \_\_\_\_\_ No. If so please explain: \_\_\_\_\_

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Do you require medication of any type or are you taking medication at this time? \_\_\_\_\_

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Are you under the care of a physician at this time? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so please explain \_\_\_\_\_

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**IN CASE OF AN EMERGENCY NOTIFY:**

1) \_\_\_\_\_  
Name Phone Number

2) \_\_\_\_\_  
Name Phone Number

**Personal References:**

1) \_\_\_\_\_  
Name Phone Number

2) \_\_\_\_\_  
Name Phone Number

3) \_\_\_\_\_  
Name Phone Number

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As a Volunteer Firefighter you must understand that the services for which you are volunteering are "NON-PAYING" and you do so at your own risk. You will be expected to meet the minimum requirements as specified in the By-Laws of The Pleasant Grove V.F.D. which states: "An active member must attend 50 percent of departmental business meetings, training meetings, fundraisers, and work days..." Failure to comply with the rules and regulations set forth by the By-Laws of the Pleasant Grove V.F.D. may be cause for dismissal at the discretion of the Fire Chief and/or Board.

This application has been read and understood, and all information submitted is correct and true to the best of my knowledge. By signing this application I understand that the Pleasant Grove V.F.D. shall not be held responsible for any injuries I might receive while volunteering my services to the Pleasant Grove V.F.D.

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

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Printed Name of Volunteer