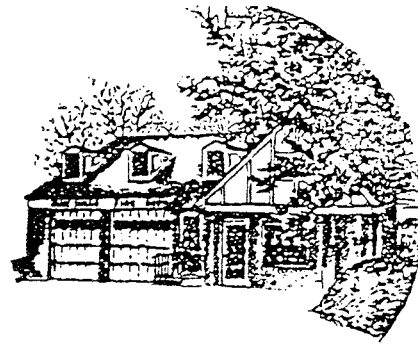


BUS. PHONE (859) 431-4333 or (859) 431-1701
FAX LINE (859) 261-3344

EMERGENCY-DIAL 911

PARK HILLS FIRE DEPARTMENT

1106 AMSTERDAM ROAD
PARK HILLS, KENTUCKY - 41011



Application for Membership

I, _____, hereby make application for membership with the Park Hills Volunteer Fire Department of Park Hills, Kentucky on this ____ day of _____, _____.

In making application for membership in this department, I hereby understand that I am responsible for the following:

I agree to fulfill to the best of my abilities, all duties assigned to me.

I agree to accept and recognize the authority of my appointed superiors both in routine duties, and times of emergency.

I agree to make every effort to attend all weekly drills, meetings, and special schools so as to make myself as well trained and efficient as possible.

I agree to replace any personal equipment, at my expense, which are issued to me that becomes destroyed, worn or unnecessarily ruined through neglect or willful abuse on my part.

I further agree to be responsible for any Fire Department equipment entrusted to me from the standpoint of care and caution.

I understand that this application makes me eligible for insurance coverage under the policies of the Park Hills Volunteer Fire Department and City of Park Hills Kentucky should injury or death occur while performing any duties of the Park Hills Volunteer Fire Department.

Signature of applicant

Signature of individual receiving application

Title

Attested _____

Chief- Park Hills Volunteer Fire Department