

TORRINGTON VOLUNTEER FIRE SERVICE

DRAKEVILLE VOLUNTEER FIRE DEPARTMENT TORRINGFORD VOLUNTEER FIRE DEPARTMENT **APPLICATION FOR MEMBERSHIP**

APPLICATION FOR: _____ FIRE FIGHTER _____ FIRE POLICE _____ ASSOCIATE _____ EXPLORER

A. PERSONAL INFORMATION

NAME: _____ DATE OF BIRTH: ____/____/____

ADDRESS: _____ HOW LONG _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ Cell Phone: _____

WORK PHONE: _____ email address: _____

CONNECTICUT DRIVERS LICENSE # _____ CLASS: _____ SS# _____

HEIGHT _____ WEIGHT _____ SEX _____ EYES _____ HAIR _____

ANY PHYSICAL OR MEDICAL IMPAIRMENT? _____ ANY RECORD OF ARREST? _____
IF YES TO EITHER, EXPLAIN ON REVERSE SIDE.

IF AT CURRENT ADDRESS LESS THAN FIVE YEARS, PREVIOUS ADDRESS;

STREET: _____ CITY: _____ STATE _____ ZIP _____

B. EMPLOYMENT

CURRENT EMPLOYER: _____ OCCUPATION: _____

ADDRESS: _____ HOW LONG: _____

SUPERVISOR NAME: _____ PHONE# _____ EXT.: _____

IF EMPLOYED LESS THAN FIVE YEARS, PREVIOUS EMPLOYER:

PREVIOUS EMPLOYER: _____ OCCUPATION: _____

ADDRESS: _____ HOW LONG: _____

SUPERVISOR NAME: _____ PHONE# _____ EXT.: _____

C. EXPERIENCE

HAVE YOU EVER BELONGED TO ANOTHER FIRE DEPARTMENT? _____

IF YES WHAT DEPARTMENT? _____ CITY _____ STATE _____ HOW LONG _____

REASON FOR LEAVING: _____

LIST LEVELS OF FIRE FIGHTING or MEDICAL TRAINING THAT YOU ARE CERTIFIED IN: _____

LIST OTHER ORGANIZATIONS THAT YOU BELONG TO: _____

HELP US TO HELP OTHERS * AS WE MAY HELP YOU

Consolidated Member App 05-15-17.docx

D. STATE BRIEFLY WHY YOU WISH TO JOIN THE TORRINGTON VOLUNTEER FIRE SERVICE: _____

E. NOTICE TO APPLICANT:

1. THE DEPARTMENT RESERVES THE RIGHT TO CHECK WITH PROPER AUTHORITIES TO THE STATUS OF ANY OF THE INFORMATION YOU HAVE LISTED ON THIS APPLICATION. A FORMAL BACKGROUND CHECK WILL BE CONDUCTED.
2. BEFORE THIS APPLICATION WILL BE CONSIDERED, THE APPLICANT MUST PAY MEMBERSHIP DUES AS SET AT THE ANNUAL MEETING. IF APPLICATION IS DENIED, DUES WILL BE REFUNDED, IN FULL, AT THE REQUEST OF THE APPLICANT.
3. UPON ACCEPTANCE FOR THE PROBATIONARY PERIOD, THE APPLICANT MUST COMPLETE A PHYSICAL EXAM, AS PERSCRIBED BY THE CITY OF TORRINGTON. (not required for associate members)
4. ANY AND ALL EQUIPMENT (SUCH AS, BUT NOT LIMITED TO, PAGER, CAR PLATE, BADGES, KEYS AND TURN-OUT GEAR) ISSUED TO APPLICANT, AT ANY TIME AS A MEMBER OF THIS DEPARTMENT, SHALL BE RETURNED AT THE REQUEST OF ANY OFFICER OF THE DEPARTMENT.

I CERTIFY THAT ALL INFORMATION IN THIS APPLICATION IS TRUE AND ACCURATE AND AGREE TO ABIDE BY THE ABOVE TERMS.

APPLICANT SIGNATURE: _____ DATE: ____/____/____

F. SPONSOR FOR APPLICANT:

DEPARTMENT MEMBER: _____

MEMBERS' SIGNATURE: _____ DATE: ____/____/____

G. MEMBERSHIP COMMITTEE ACTION:

APPROVED _____ DENIED _____ TABLED TO: DATE ____/____/____

REMARKS: _____

COMMITTEE MEMBERS

SIGNATURES OF COMMITTEE MEMBERS

H. DEPARTMENTAL ACTION FOR FIREFIGHTER STATUS

1. MEDICAL FORM RECEIVED ON: ____/____/____ DOCTORS CLEARANCE FOR FIRE FIGHTING:
INTERIOR FIREFIGHTER: _____ EXTERIOR FIREFIGHTER: _____ FIRE POLICE _____
2. DUES COLLECTED \$ _____ DATE: ____/____/____ COLLECTED BY: _____
3. AT THE MONTHLY ADMINISTRATIVE MEETING HELD ON ____/____/____, THE MEMBERS OF THE DEPARTMENT VOTED TO:
ACCEPT _____ DENY _____ EXTEND PROBATION (FOR: _____)

I. THIS SPACE IS PROVIDED FOR ADDITIONAL INFORMATION BY THE APPLICANT, IF REQUIRED.

