

DRAKEVILLE VOLUNTEER FIRE DEPARTMENT
INCORPORATED 1949 * TORRINGTON, CONNECTICUT

APPLICATION FOR MEMBERSHIP

APPLICATION FOR: FIRE FIGHTER _____ FIRE POLICE _____

A. PERSONAL INFORMATION

NAME: _____ DATE OF BIRTH: ____/____/____
ADDRESS: _____ HOW LONG _____
CITY: _____ STATE: _____ ZIP: _____ eMail _____
HOME PHONE: _____ BEEPER or Cell Phone: _____ WORK PHONE: _____
IF AT CURRENT ADDRESS LESS THAN FIVE YEARS, PREVIOUS ADDRESS;
STREET: _____ CITY: _____ STATE _____ ZIP _____
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.

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 TRAINING THAT YOU ARE CERTIFIED IN: _____

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

LIST OTHER ORGANIZATIONS THAT YOU BELONG TO: _____

HELP US TO HELP OTHERS * AS WE MAY HELP YOU

D. STATE BRIEFLY WHY YOU WISH TO JOIN THE DRAKEVILLE VOLUNTEER FIRE DEPARTMENT: _____

E. NOTICE TO APPLICANT:

1. THE DRAKEVILLE VOLUNTEER FIRE DEPARTMENT, INC. RESERVES THE RIGHT TO CHECK WITH PROPER AUTHORITIES TO THE STATUS OF ANY OF THE INFORMATION YOU HAVE LISTED ON THIS APPLICATION.
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 THREE-MONTH PROBATIONARY PERIOD, THE APPLICANT MUST COMPLETE A PHYSICAL EXAM, AS PERSCRIBED BY THE CITY OF TORRINGTON.
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. THE APPLICANT / FIREFIGHTER WILL BE FINANCIALLY RESPONSIBLE FOR ANY EQUIPMENT NOT RETURNED.

I CERTIFY THAT ALL INFORMATION IN THIS APPLICATION IS TRUE AND ACCURATE AND AGREEE 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:

OFFENSIVE FIREFIGHTER: _____ DEFENSIVE 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.

