APPLICATION FOR MEMBERSHIP TOWN OF WALLINGFORD VOLUNTEER FIRE DEPARTMENT

Type or print using black ink.
All sections of this application must be completed or the application will not be processed.

Volunteer Company of your choice (please circle one): Cook Hill Co. 4 Yalesville Co. 5 North Farms Co. 7 East Wallingford Co. 8		
Availability to respond to calls and training:DaysEveningsWeekends		
dours: FromTo		
lame Social Security No		
\ddress		
No. Street Town State Zip Code		
How many years have you resided at this address? Date of Birth:		
Telephone number: ()home ()work ()cellular Area code Area Code Area Code		
You have my permission to contact me at work:yesno		
Present employer: Address:		
ype of Work: Supervisor's name:		
Oo you have any motor vehicle violations?yesno If yes, when?		
Type of violation:		
CT Driver's License # Expires Class/Type		
(Please attach a copy of your driver's license) Endor Restr		
Have you ever been <u>CONVICTED</u> of a felony?yesno		
If yes, when?		
Type of felony:(Please provide detailed explanation on reverse side of application)		
Briefly explain why you want to be a volunteer firefighter		

(Over)

Education (Attach additional sheets as necessary.)		
High/Technical School	Program	
Attended FromTo	Did you graduate?yesno	
CollegeName	Degree:ASBABSMS (Circle highest)	
	Major:	
Address		
	Did you graduate?yesno	
Current certifications:EMS (MRT,EMT,ETC.)Fire Service (FF1,FF2,ETC.) Experience:		
EMS		
Fire Service		
Paramedic		
Other		
In case of emergency please notify: Name		
Telephone number: ()		
By signing this application I acknowledge that I have read and understand all of the questions. Further, I attest to the accuracy and completeness of the information provided. I understand that I must complete amonth probationary period as outlined in the bylaws of the applicable volunteer fire department. I also understand that in order to maintain my membership as a volunteer firefighter, I must comply with the rules and regulations of the volunteer fire department's bylaws and the standard operating procedures (SOP's) of the Department of Fire and Emergency Services. I agree that as part of this application process, I will be subjected to a preentry drug screening, criminal background check, motor vehicle background check and physical examination to establish my fitness for volunteer duty.		
In signing this application, I further authorize said volunteer fire department, the Department of Fire and Emergency Services and/or their agents, the authority to verify any statements made on this application at their discretion and to obtain said verification from any local, state or federal agencies whether public or private when necessary.		
Signature	Date	

RELEASE AUTHORIZATION

(TYPE OR PRINT USING BLACK INK)

To all courts, probation departments, selective service boards, physicians, hospitals, employers, educational and other institutions and agencies, without exception. am making application as a Volunteer Firefighter I, (print) with the Town of Wallingford, Department of Fire and Emergency Services. In conjunction with this application, I understand that an investigation will be conducted to determine my eligibility. Therefore, you are authorized to release to the Town of Wallingford, Department of Fire and Emergency Services, and/or its agents any and all information, documentary or otherwise, pertaining to me that may be requested. I hereby release, discharge, exonerate the Town of Wallingford, Department of Fire and Emergency Services and/or its agents and any person(s) from any and all liability of every nature and kind arising out of the furnishing, inspection or collection of such documents, records and other information or the investigation made by the Town of Wallingford, Department of Fire and Emergency Services and/or its agents. A photo static copy of this authorization will be considered as effective and valid as the original. Applicant Street Address
No. Street Date of Birth Social Security No.____-Driver's License No. State_____ Applicant's signature ______Date_____

Witness' signature ______Date_____

Witness' name (please print)