

**ANDOVER VOLUNTEER
FIRE DEPARTMENT**

11 School Road, Andover, CT, 06232
Phone (860) 742-7477

APPLICATION FOR MEMBERSHIP

Date: _____

Applicant's Name: _____

I hereby give the Andover Volunteer Fire Department Incorporated, the right to make a thorough investigation of my past and present activities to include a criminal background check. I release from all liability of responsibility all persons and organizations supplying information. I understand membership in the Andover Volunteer Fire Department Incorporated shall be conditional upon satisfactory results of the investigation and that any false answers, statements or implications made by me or others on my behalf for the purpose of this application shall be sufficient cause for dismissal.

A copy of this statement shall be regarded as a signed original agreement to release from liability and responsibility all persons and organizations supplying information in the course of investigation for membership.

I will also supply Andover Volunteer Fire Department Incorporated with a completed physical form that has been provided to me. This form must be completed by my physician and submitted to the Association's Board of Directors within 30 days of submitted application date.

I acknowledge that I will be unable to respond or participate in any emergency activity until the above criteria has been met and reviewed by the Board of Directors.

Signature: _____

Date: _____

INSTRUCTIONS TO APPLICANT:

Please complete the application and include a check payable to the Andover Volunteer Fire Department in the amount of \$5.00. Submit the application and check to:

**Andover Volunteer Fire Department
11 School Road
Andover, CT 06232**

Your application will be processed according to the procedures determined by the Board of Directors. Your check will be returned if the vote is unfavorable.

APPLICATION INFORMATION

CATEGORY:

Fire/Rescue/EMS _____ EMS _____ Fire/Rescue _____
Fire Police/Support _____ Junior _____

Date of Birth: _____

Address: _____
_____ Years at this address: _____

Home Phone: _____ Cell Phone: _____

If less than one Year, Give prior address: _____

Motor Vehicle Operator's License Number: _____ State: _____

Social Security Number: _____

In compliance with the Freedom of Information Act:

Military Service: _____

Branch: _____ Dates: _____

Type of Discharge: _____

Any special Training: _____

Tell Us About Your Experience

Do you have any previous experience in the Fire/Rescue or medical field? Yes No

If yes, please explain and give dates:

Do You Have A Felony Conviction

Have you ever been convicted of a felony? Yes No

If yes, please explain and give dates:

How Is Your Driving Record

Do you have a valid driver's license? Yes No

State ____ Class ____ Number _____

Have you ever been arrested and convicted of a motor vehicle violation? Yes No

Examples: (DUI or Reckless Driving, etc)

If yes, please indicate the date and location of the offense(s):

Date: Location of offense:

Date: Location of offense:

Date: Location of offense:

How Is Your Health

Do you have any physical impairments which would prevent you from performing the duties applied for? Yes No

Examples: (back problems, vision and or hearing problems, breathing problems, health problems, etc.)

If yes, please explain:

When Can You Respond To Calls

When would you normally be able to respond to emergency calls? Day _____ Evening _____
Weekends _____ Other (explain below) _____

Work Experience

Name of Employer or Last Employer (if unemployed): _____

Job Title: _____ Years Of Employment: _____

Address: _____

Supervisor: _____

Phone: _____

Date Started: _____ Date Ended: _____

Prior Employer: _____

Job Title: _____ Years Of Employment: _____

Address: _____

Supervisor: _____

Phone: _____

Date Started: _____ Date Ended: _____

List three Character References: (No Relatives and list Name, Address, Home Phone Number.)

Name: _____ Occupation: _____

Address: _____

Phone: _____

Name: _____ Occupation: _____

Address: _____

Phone: _____

Name: _____ Occupation: _____

Address: _____

Phone: _____

Are you aware of the dangers that are involved in Fire and Rescue Duties?

YES _____ NO _____

Emergency Contacts

In case of emergency, please notify:

Name:

Relation:

Address:

Home phone:

Cell phone:

How did you hear about us and why did you decide to join the Andover Volunteer Fire Department? _____

I certify that all the answers on this application are true and correct to the best of my knowledge and that any misstatement(s) and/or misrepresentation(s) will void this application.

Signature of Applicant:

Date: _____

IF YOU ARE UNDER THE AGE OF 18, YOU MUST HAVE YOUR PARENT OR LEGAL GUARDIAN SIGN BELOW.

I certify that as the PARENT/LEGAL GUARDIAN of the above named applicant, I understand the rules and the responsibilities of the Andover Volunteer Fire Department; as well as, the danger associated with the Fire and Rescue Service.

Signature of Parent/Legal Guardian:

Printed Name of Parent/Legal Guardian:

Date: _____

DEPARTMENTAL ACTION

Sign Off Sheet

Date application received: _____

Approval of Board Of Directors:

Date: _____

By: _____

(Signature)

Application Approved by Membership for Probationary Status:

Date: _____

By: _____

(Signature)

Granted Full Membership: Date: _____

By: _____

(Signature)