



Torrington Volunteer Fire Department

Application for Membership

MEMBERSHIP TYPE: FIREFIGHTER: ____ FIRE POLICE: ____ ASSOCIATE: ____ CADET: ____

A.) PERSONAL INFORMATION

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____ HOW LONG: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _____ CELL PHONE: _____

WORK PHONE: _____ E-MAIL: _____

BEST MEANS OF CONTACT: HOME: ____ CELL: ____ WORK: ____ E-MAIL: ____ IF CELL: TEXT OR CALL

DRIVERS LICENSE NUMBER & STATE: _____ CLASS: ____

HEIGHT: _____ WEIGHT: _____ SEX: ____ EYES: _____ HAIR: _____

ANY PHYSICAL OR MEDICAL IMPAIRMENT: _____ ANY RECORD OF ARREST: _____

IF YES TO EITHER OF THE ABOVE EXPLAIN: _____

IF AT CURRENT ADDRESS LESS THAN 10 YEARS LIST CITIES/TOWNS OF RESIDENCE IN LAST 10 YEARS:

B.) EMPLOYMENT

CURRENT EMPLOYER: _____ OCCUPATION: _____

ADDRESS: _____ HOW LONG: _____

SUPERVISOR NAME: _____ WORK PHONE: _____ EXT: _____

IF EMPLOYED LESS THAN FIVE YEARS, PREVIOUS EMPLOYER: _____

OCCUPATION: _____ ADDRESS: _____ HOW LONG: _____

SUPERVISOR NAME: _____ WORK PHONE: _____ EXT: _____

C.) EXPERIENCE

HAVE YOU BEEN A MEMBER OF ANOTHER FIRE DEPARTMENT: _____

IF YES, WHAT DEPARTMENT: _____ CITY/TOWN: _____

STATE: _____ HOW LONG: _____ REASON FOR LEAVING: _____

LEVELS OF FIREFIGHTING OR MEDICAL TRAINING YOU ARE CERTIFIED IN: _____

LIST OTHER ORGANIZATIONS THAT YOU BELONG TO: _____

D.) STATE BRIEFLY WHY YOU WISH TO JOIN TORRINGFORD VOLUNTEER FIRE DEPARTMENT

E.) NOTICE TO APPLICANT

- 1.) TORRINGFORD VOLUNTEER FIRE DEPARTMENT AND ITS GOVERNING AUTHORITIES RESERVE THE RIGHT TO VERIFY WITH PROPER AUTHORITIES THE TRUTHFULNESS OF ANY INFORMATION YOU HAVE LISTED ON THIS APPLICATION. A FORMAL BACKGROUND CHECK WILL BE CONDUCTED.
- 2.) UPON ACCEPTANCE FOR THE PROBATIONARY PERIOD, THE APPLICANT MUST COMPLETE A PHYSICAL EXAM, AS PRESCRIBED BY THE CITY OF TORRINGTON. (NOT REQUIRED FOR ASSOCIATE MEMBERS)
- 3.) ANY AND ALL EQUIPMENT (SUCH AS, BUT NOT LIMITED TO, PAGER, CAR PLATE, BADGES, KEYS, AND TURN-OUT GEAR) ISSUED TO TE 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 I AGREE TO ABIDE BY THE ABOVE TERMS, AS WELL AS THE BYLAWS OF TORRINGFORD VOLUNTEER FIRE DEPARTMENT.

APPLICANT SIGNATURE: _____

DATE: ___ / ___ / _____

F.) SPONSOR FOR APPLICANT (Optional)

DEPARTMENT MEMBER: _____

SPONSORING MEMBER'S SIGNATURE: _____

DATE: ___ / ___ / _____

G.) MEMBERSHIP COMMITTEE ACTION

APPROVED: ___ DENIED: ___ TABLED TO: ___ / ___ / _____

REMARKS: _____

COMMITTEE MEMBERS|SIGNATURES:

_____|_____
_____|_____
_____|_____

H.) DEPARTMENTAL ACTION FOR FRIEFIGHTER STATUS

1.) MEDICAL FORM RECEIVED ON: ___ / ___ / _____

DOCTOR'S CLEARANCE FOR DUTY:

INTERIOR FIREFIGHTER: ___ EXTERIOR FIREFIGHTER: ___ FIRE POLICE: ___

2.) AT THE MONTHLY ADMINISTRATIVE MEETING HELD ON: ___ / ___ / _____, THE MEMBERS OF TORRINGFORD VOLUNTEER FIRE DEPARTMENT VOTED TO:

ACCEPT: ___ DENY: ___ EXTEND PROBATION FOR: ___ MONTH(S)

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

