



GALES FERRY VOLUNTEER FIRE COMPANY (GFFC) APPLICATION INFORMATION FORM

NAME _____ SSN ____--____--____

HAVE YOU EVER USED ANOTHER NAME? YES _____ NO _____

IF YES, PLEASE INCLUDE FULL NAME: _____

HOME PHONE _____ DATE OF BIRTH ____/____/____

HOME ADDRESS _____
(STREET NAME & NUMBER, CITY, STATE, ZIP)

MAILING ADDRESS (IF DIFFERENT THAN HOME) _____

E-MAIL _____

DRIVER'S LICENSE _____

EMPLOYER & CITY _____ WORK PHONE _____

JOB TITLE _____ SUPERVISOR _____

PLEASE LIST ALL ADDRESSES YOU HAVE HAD IN THE PAST 5 YEARS, IF DIFFERENT FROM ABOVE.

STREET NAME & NUMBER _____ CITY _____ STATE & ZIP _____

EDUCATION & MEMBERSHIPS	NAME, ADDRESS, PHONE	DATES ATTENDED	DEGREE
FIRE/EMS CERTIFICATIONS			
MEMBERSHIP WITH OTHER FIRE/EMS COMPANIES			

BACKGROUND/ REQUIREMENTS: DUE TO THE MATURE OF FIRE FIGHTING, RESCUE, AND SUPPORT ACTIVITIES, ALL NEW PERSONNEL, UPON ACCEPTANCE INTO ACTIVE MEMBERSHIP, ENTER INTO A 6 MONTH PROBATIONARY TRAINING PERIOD. ONCE CERTIFIED BY THE TOWN PHYSICIAN, PERSONNEL WILL BE PLACED ON THE LIST OF AUTHOURIZED RESPONDERS AND WILL BE ASSIGNED/ ISSUED APPROPRIATE GEAR FOR TRAINING AND RESPONDING.

GFFC SPONSOR: _____

REFERENCES OTHER THAN RELATIVES: (LIST NAME, RELATIONSHIP, & PHONE NUMBER)

1. _____
2. _____

HAVE YOU EVER BEEN CONVICTED OF ANY CRIME, INCLUDING MOTOR VEHICLE VIOLATIONS?

YES ____ NO ____ IF YES, PLEASE EXPLAIN DATE, CHARGES, JURISDICTION, & DISPOSITION

I UNDERSTAND THAT THERE WILL BE A BACKGROUND INVESTIGATION PERFORMED ON ME BEFORE BEING ACCEPTED FOR ACTIVE MEMBERSHIP. I ALSO CONSENT THAT ANY WORK, SCHOOL, POLICE RECORDS, EMPLOYER, AND ANY OTHER PERSONS MAY FURNISH GALES FERRY VOLUNTEER FIRE COMPANY MEMBERSHIP COMMITTEE FULL AND COMPLETE INFORMATION CONCERNING MY CHARACTER, ABILITY, HABITS, AND ANY OTHER LAWFUL INFORMATION DESIRED. NO LIABILITY SHALL BE INCURRED BY ANY PERSON OR CORPORATION SUPPLYING SUCH INFORMATION. I UNDERSTAND THAT THIS INFORMATION WILL BE REVIEWED BY THE COMMITTEE, WHICH WILL ADVISE THE COMPANY OF ITS FINDINGS.

THE INFORMATION GIVEN BY ME AND SET FORTH IN THE FOREGOING APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND FALSIFICATION OF INFORMATION IS CAUSE FOR DISMISSAL FROM FURTHER CONSIDERATION AND/OR DISCHARGE FROM THE GALES FERRY VOLUNTEER FIRE COMPANY.

APPLICANT SIGNATURE _____
DATE

FOR MEMBERSHIP COMMITTEE USE ONLY	
INVESTIGATING MEMBER:	
RECOMMENDATION OF COMMITTEE:	ACCEPT _____ DENY _____