



Gales Ferry Volunteer Fire Company

1772 Route 12

Gales Ferry, CT 06335

Application for Volunteer Membership

Please print				
First Name:		Last Name:		Middle Initial:
Street Address:				
City:		ZIP Code:		Phone (Home):
Phone (Cell):			Social Security Number:	
E-mail:			Date of Birth:	
Please Check Interested Position(s)				
Firefighter		Fire Police		Fire apparatus Driver
Rescue Team Member		Social Member		Junior/Cadet Firefighter
Are you a United States citizen?				Yes No
Have you ever been a member of any Fire or EMS organizations?				Yes No
Do you have a valid driver's license?				Yes No
If yes, do you have a CT Q endorsement or CDL class B?				Yes No
How long have you lived at your current address?				Years Months
Do you plan to reside in the local area for the next two years?				Yes No
If no, reason for possible move:				
Applicant's Employer				
Current Employer:				
Street Address:				
City:		State:		ZIP Code:
Phone:		E-mail:		
Applicant's History				
Highest grade/level of education completed:				
Military experience (which service):				Years of service:
If applicable, did you receive an honorable discharge?				Yes No
Have you ever been charged or convicted of arson?				Yes No
Have you ever been convicted of, or pleaded guilty to a felony?				Yes No
If yes, state nature of conviction:				
Date of conviction:			Age when convicted:	
Do you have any pending criminal charges?				Yes No
Have you ever been convicted of a motor vehicle violation?				Yes No
If yes, please explain:				
List 3 references other than relatives that we may contact:				
Name:			Title:	
Street Address:			City:	
State:		ZIP Code:		Phone:
Relationship to you:			Email:	
Name:			Title:	
Street Address:			City:	
State:		ZIP Code:		Phone:
Relationship to you:			Email:	

Name:		Title:
Street Address:		City:
State:	ZIP Code:	Phone:
Relationship to you:		Email:
Additional Information:		
If You have any Fire/EMS certifications, please list them here:		
Please list any previous or current memberships with other Fire/EMS companies:		
Please list any other relevant information here:		

Background / Requirements: Due to the nature of firefighting, 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 authorized responders and will be assigned/ issued appropriate gear for training and responding.

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 any information is cause for dismissal from further consideration and/or discharge from the Gales Ferry Volunteer Fire Company.

Applicant Signature

Date

If under 18, Parent/Guardian Signature

Date