

# Avon Volunteer Fire Department

## Membership Application



*Serving the Community Since 1943”*



# Avon Volunteer Fire Department

## Membership Application

**Name:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Length of Residence:** \_\_\_\_\_

**Town:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

### POSITION APPLYING FOR

**Firefighter** \_\_\_\_\_ **Fire Police** \_\_\_\_\_ **Administrative** \_\_\_\_\_

**Why do you want to become a member of the Avon Fire Department?**

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**What specific characteristics do you have that will be of benefit to the Department?**

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### PERSONAL REFERENCES

**Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**DATE OF INTERVIEW:** \_\_\_/\_\_\_/\_\_\_

**Remarks of Interviewer:**

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**Interviewer Signature:** \_\_\_\_\_ **Rank:** \_\_\_\_\_

**Background Returned:** \_\_\_/\_\_\_/\_\_\_ **Driver's License Copy Taken:** \_\_\_/\_\_\_/\_\_\_

**MEDICAL RETURNED:** \_\_\_/\_\_\_/\_\_\_ **APPROVED:** \_\_\_/\_\_\_/\_\_\_ **By:** \_\_\_\_\_

*Medical Officer*

<b>Name:</b> _____	<b>Do you have a current valid Connecticut Driver's License?</b> Yes ___ No ___ If Yes: <b>Driver's License Number:</b> _____  <b>License Type:</b> _____
<b>Date of Birth:</b> _____	

**EMERGENCY INFORMATION**

<b>Next of Kin:</b> _____	<b>Address:</b> _____
<b>Relationship:</b> _____	<b>Daytime Phone:</b> _____
<b>Cell Phone:</b> _____	<b>Evening Phone:</b> _____
<b>Email:</b> _____	

**CURRENT EMPLOYER**

**Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_ **Phone** \_\_\_\_\_ **Part Time:** \_\_\_ **Full Time:** \_\_\_

**Type of Business & Your Specific Duties:**

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**EDUCATIONAL HISTORY**

**High School Graduate or Equivalency?** Yes \_\_\_ No \_\_\_ *If No, highest grade completed* \_\_\_

**College or Other Training after High School, including Military Service**  
*If military, state character of discharge as stated on DD-214*  
**Provide Copies of any educational certificates**

<i>Name &amp; Address of College or School</i>	<i>Major / Specialty</i>	<i>Type of Degree, License or Certificate Earned</i>

**FIREFIGHTING / EMERGENCY SERVICES EXPERIENCE**

**Have you ever belonged to a Fire Department or Emergency Services organization before?** Yes \_\_\_ No \_\_\_  
*If yes, provide copies of fire service qualifications and/or any EMS certificates*

<i>Name of Department or Organization</i>	<i>Highest Rank</i>	<i>Time Served</i>	<i>Certificates Held</i>

**Legal Information**

**\*\* Have you ever been convicted of a felony? Yes \_\_\_ No \_\_\_ If Yes, give date(s), jurisdiction and details:**

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**\*\* Do you currently have any pending felony charges against you ? Yes \_\_\_ No \_\_\_**

**\*\* In the past 3 years, have you been convicted of a misdemeanor (including traffic violations)?  
Yes \_\_\_ No \_\_\_**

**If Yes to either question, give date(s) and details:**

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**\*\* This information will be verified. Affirmative answers will not necessarily exclude you from membership; however, the information will be considered insofar as it relates to the position for which you have applied.**

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**Avon Volunteer Fire Department Code of Conduct**

- 1. Obey all Federal, State and Local laws.**
- 2. Be familiar with and obedient to the rules, regulations, By-Laws and Operations Manual under which the Department is run.**
- 3. Always conduct yourself in a professional manner. Be respectful of and courteous to all people, no matter what their rank or length of service.**
- 4. Never falsify records or make misleading or deceitful statements.**
- 5. Do not release details of any emergency operation or investigation without the express permission of the Incident Commander or the Chief of the Department.**
- 6. Participate in all drills and training whenever possible and respond to all alarms for which you are available.**
- 7. Strive to maintain the Stations, Apparatus, Equipment and Tools in good clean working order at all times.**
- 8. Above all, conduct yourself with the best interests of the Avon Volunteer Fire Department in mind, and act when it is your responsibility and duty to do so.**

**(NOTE: By signing below, you agree to uphold the principles of the Avon Volunteer Fire Department's Code of Conduct.)**

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**I certify that the information supplied by me on this application is complete and true to the best of my knowledge. I understand that any misstatement, misrepresentation or omission of material facts shall cause forfeiture of all rights to membership in the Avon Volunteer Fire Department for the eligibility period of this application.**

**I recognize the need of the Avon Volunteer Fire Department to examine and verify information pertaining to my qualifications for membership, and freely consent to such verification. I further authorize the release of such information to the Town of Avon and the Avon Volunteer Fire Department for application verification purposes, and waive my rights under the Privacy Act or other legal limitations thereto.**

**I understand that if permanent membership is offered by Avon Volunteer Fire Department, such membership is conditional upon the successful completion of a probationary period, and further that the Avon Volunteer Fire Department will not be committed to retain me for any specific term of membership. I understand that Medical evaluation is required prior to membership, and that the medical evaluation shall be defined by the Avon Volunteer Fire Department and the Department Physicians. I hereby authorize release to the department physician any and all medical records necessary for the determination of my physical and mental fitness for the job to which I am applying or any other information that may apply to this position.**

**I am signing below with a complete understanding of the above terms, and under my own free will.**

**Applicant Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_**