

Avon Volunteer Fire Department

25 Darling Drive, Avon, CT 06001

(860) 677-2644

Fax (860) 676-2125

Explorer Membership Application



Serving the Community Since 1943

Avon Volunteer Fire Department

Explorer Membership Application

Name: _____

Today's Date: _____

Address: _____

Home Phone: _____

Town: _____

Cell Number: _____

Email Address: _____

U.S. Citizen? Yes ___ No ___

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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 will allow the Avon Volunteer Fire Department to review any medical records, background information or any other information that may apply to this position.

I understand that all gear issued to me is the property of the Avon Volunteer Fire Department and must be returned to the Department if I leave. In the event that the gear is not returned, I may be subject to legal action.

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

Applicant Signature: _____

Date Signed: _____

Parent/Guardian Signature: _____

Date Signed: _____

(To be completed by AVFD)

Date application received: _____

Service Date: _____

Membership ID Number: _____

Name: _____

Age _____ **Date of Birth** _____

School Grade: _____ **What school do you attend?** _____

Do you have a current valid Connecticut Driver's License? Yes ___ No ___

EMERGENCY INFORMATION

Next of Kin: _____ **Address:** _____

Relationship: _____ **Daytime Phone:** _____

Other Info: _____ **Evening Phone:** _____

Doctor's Name: _____ **Doctor's Phone:** _____

Allergies: _____

DATE OF INTERVIEW: ___/___/___

Remarks of Interviewer:

Interviewer Signature: _____ **Rank:** _____

Interviewer Signature: _____ **Rank:** _____

Interviewer Signature: _____ **Rank:** _____

MEDICAL RETURNED: ___/___/___ **APPROVED:** ___/___/___ **By:** _____

Medical Officer

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, Administrative Operating Guidelines and Standard Operating Guidelines 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.**