

Avon Volunteer Fire Department, Inc.

25 Darling Dr., Avon, CT. 06001
860-677-2644

Membership Application



Serving the Community Since 1943”



Avon Volunteer Fire Department, Inc.

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?

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

PERSONAL REFERENCES

Name: _____ **Address:** _____ **Phone:** _____

Email: _____

Name: _____ **Address:** _____ **Phone:** _____

Email: _____

DATE OF INTERVIEW: ___/___/___

Remarks of Interviewer:

Interviewer Signature: _____ **Rank:** _____

Background Returned: ___/___/___ **Driver's License Copy Taken:** ___/___/___

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

Medical Officer

Name: _____
 Date of Birth: _____

Do you have a current valid Connecticut Driver's License?
 Yes ___ No ___ If Yes, which class: _____

EMERGENCY INFORMATION

Next of Kin: _____ Address: _____
 Relationship: _____ Daytime Phone: _____
 Cell Phone: _____ Evening Phone: _____
 Email: _____

CURRENT EMPLOYER

Name: _____ Address: _____ City: _____ State: _____
 Supervisor: _____ Phone: _____ Part Time: ___ Full Time: ___

Type of Business & Your Specific Duties:

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

Name & Address of College or School	Major / Specialty	Type of Degree, License or Certificate Earned

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

Name of Department or Organization	Highest Rank	Time Served	Certificates Held

Legal Information

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

**** 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:

**** 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.**

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.)

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: _____