

Membership Application
Thomaston Volunteer Fire Department Inc.

Date: ____/____/____ Home Phone: ____/____ Cell Phone: ____/____/____

Applicant Name: _____ Address: _____

Cell Service Provider: _____ E-Mail Address: _____

How long have you been a resident of Thomaston: _____ Are you at least 18 years of age: _____

If accepted as a probationary member, would you provide a copy of your birth certificate? _____

Are you employed in the Thomaston area ____ if so, where _____ Address: _____

Have you ever held membership or applied to this department before? ____ If so, when _____

What is your reason for wishing membership? _____

Prior membership to another fire dept:

Dept. Name: _____ Address: _____ Name of Chief: _____

Highest Position Held: _____ How long were you a member: _____

Fire School or Rescue Education: (Use additional sheet if needed)

<u>Name of Schools:</u>	<u>Dates Completed:</u>	<u>Subject:</u>	<u>Instructors Name:</u>
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List all firefighting or rescue equipment that you are trained to operate: (Use additional sheet if needed)

List all Connecticut Certifications, National Certifications that you have: (Use additional sheet if needed)

Do you have a valid Connecticut driver's license?: _____ If so, what type?: _____

Have you been convicted of driving offenses?: _____

If so, which state, date and type of offense? _____

If asked to perform a drug and/or alcohol test, would you submit to one? _____

Do you have any physical defects and/or limitations preventing you from doing certain types of firefighting or rescue work?: _____ If so, describe the defects or limitations in full: (Use additional sheet if needed)

Have you ever been convicted of a felony? : _____ If so, which state? _____

Date of conviction: _____ Type of conviction: _____

Please read the following carefully:

I, voluntarily give the Thomaston Volunteer Fire Department Inc. the right to make a thorough investigation of my background including, criminal, past membership records in another department and activities. I agree to cooperate in such an investigation, and release from all liability or responsibility all persons supplying such information. I consent to the pre-membership physical examination required by the department and understand that my membership is contingent on a successful physical examination. I hereby agree to release any and all medical records requested by the department physician. I also understand that my membership is pending a clear criminal background check and drug screening. I agree to wear and use the personal protective clothing, and devices as required by the department, and to comply with the by-laws, rules, and regulations of the Thomaston Fire Department Inc. if accepted as a member. I agree and understand that by completing this application, there is no guarantee of membership. I further understand that any false answers or statements made by me on this application or any supplement thereto, or in connection with the above mentioned investigation will be sufficient grounds for immediate discharge by the department or resign my membership, that I must return any and all items I received by the Thomaston Volunteer Fire Department Inc. for my personal use. All items shall be returned in either the same condition or better than received or I agree to pay for any and all repairs or replacement costs necessary. I understand that in the event of my termination as a member I will need to return all items issued to me within forty eight (48) hours. I understand that failure to do so will result in the Thomaston Police Department retrieving the items. I also agree to reimburse the department for classes and schools that I choose to not successfully complete, and will also be responsible to pay legal fees if any are incurred collecting such funds.

I have read and understand the above statement:

Applicants Signature: _____ Date: ____/____/____

Department Use Only:

Company assigned to: Hook and Ladder Co. No. 1 _____ Crescent Hose Co. No. 2 _____

Date of Interview: ____/____/____

Time of Interview: _____ AM/ PM.

Board of Review Members Present:

1. _____
2. _____
3. _____
4. _____
5. _____

Officers Signature and Rank: _____

Thomaston Volunteer Fire Department Inc.
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