

# SHERMAN VOLUNTEER FIRE DEPARTMENT

1 Route 39 North, Sherman, CT. 06784

## APPLICATION FOR MEMBERSHIP

Name: \_\_\_\_\_ Any Previous Names: \_\_\_\_\_

Home Address \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Last Four Digits of Social Security Number: \_\_\_\_\_

Home Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Email Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Address of Employment: \_\_\_\_\_

Available During Working Hours?: \_\_\_\_\_ Date of Last Physical Exam\*: \_\_\_\_/\_\_\_\_/\_\_\_\_

Previous Fire Service \_\_\_\_ yrs. (Indicate 0 if No Prior Experience)

Name of Previous Department(s)\*\*: \_\_\_\_\_

List Certifications: \_\_\_\_\_

Briefly State the Reason Why You Wish to Become a Member of SVFD: \_\_\_\_\_

In Case of Emergency, Contact Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

PLEASE NOTE: Application will not be accepted upon failure to initial all three boxes.

\_\_\_ \* I agree to submit to an annual physical and drug screening to be performed by my doctor or the SVFD doctor.

\_\_\_ \*\* I agree to permit the SVFD to contact previous departments and/or employers to verify prior service, receive reference, and obtain employment records/evaluations.

\_\_\_ I consent to the SVFD arranging for a background check (conviction history) with the State of Connecticut and/or Federal databases.

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Any false statements may result in disciplinary action/termination of the applicant's membership.

The applicant waives any claim of liability against the SVFD, previous employers, or departments in response to inquiries made and responses.