

SHERMAN VOLUNTEER FIRE DEPARTMENT

P.O. Box 249 Sherman, CT. 06784

APPLICATION FOR MEMBERSHIP

Name _____ Home Address _____

Date of Birth ____ / ____ / ____ Drivers License # _____ State Issued by: _____

Home Phone Number: (____) _____ - _____ Cell Phone Number (____) _____ - _____

Sherman Resident _____ years.

Email address _____ Are you available during working hours? _____

If you live outside Sherman, distance from border _____

Place of Employment _____

Address of Employment _____

Physician's Name _____ Date of Last Physical Exam* _____

Do you have any physical disabilities that would interfere with Firefighting or EMS work? _____

If yes, please describe _____

Previous Fire Service _____ yrs. (Indicate zero if no prior experience)

Indicate highest office held at prior department _____

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 _____ Phone (____) _____ - _____

PLEASE NOTE:

*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 to verify prior service

SVFD will perform a background check (conviction history) with the State of Connecticut.

Applicant's Signature _____ Date ____ / ____ / ____