

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. Any applicant who has been convicted of or who pled guilty
to a Felony or Class A Misdemeanor shall not be eligible for membership

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 inquires
made and responses.