

# SHERMAN VOLUNTEER FIRE DEPARTMENT

P.O. Box 249 Sherman, CT. 06784

## APPLICATION FOR MEMBERSHIP

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

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ S.S. # \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Drivers License # \_\_\_\_\_

Home Phone \_\_\_\_\_ - \_\_\_\_\_ Work Phone ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Sherman Resident \_\_\_\_ yrs.

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 \_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of a felony?\*\*\*\* \_\_\_\_\_ If yes, state particulars on the reverse side of this form.

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 reserves the right to perform a background check (conviction history) with the State of Connecticut.

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