

BOLTON VOLUNTEER FIRE DEPARTMENT

MEMBERSHIP APPLICATION

PERSONAL BACKGROUND

LAST NAME	FIRST NAME	MIDDLE NAME	DATE OF BIRTH (MO/DAY/YR):
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PRIOR ADDRESS (IF LESS THAN 2 YEARS AT PRESENT ADDRESS)			HOME PH#:
			CELL PH#:
DRIVERS LICENSE NUMBER, TYPE OF LICENSE AND STATE IN WHICH ISSUED			EMAIL ADDRESS:
HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN MINOR TRAFFIC VIOLATION?			YES NO
IF YES, PLEASE LIST ALL CONVICTIONS, DATES AND NATURE OF OFFENSES:			
<i>(THE EXISTENCE OF A CRIMINAL RECORD DOES NOT AUTOMATICALLY EXCLUDE YOU FROM MEMBERSHIP)</i>			
HAVE YOU PREVIOUSLY APPLIED FOR MEMBERSHIP WITH BVFD?	YES	NO	IF YES LIST DATE:
HAVE YOU BEEN A MEMBER OF ANY OTHER DEPARTMENT?	YES	NO	IF SO, WHEN:
ARE YOU CURRENTLY AFFILIATED WITH ANY OTHER DEPARTMENT?	YES	NO	IF YES, WHO:

AVAILABILITY FOR EMERGENCIES & TRAINING

WEEKDAYS	EVENINGS	NIGHTS	WEEKENDS
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EDUCATION

HIGH SCHOOL	YEAR GRADUATED:
	DEGREE:
BUSINESS/TECHNICAL	YEAR GRADUATED:
	DEGREE:
COLLEGE	YEAR GRADUATED:
	DEGREE:
OTHER EDUCATION/AFFILIATED ORGANIZATION	YEAR GRADUATED:
	DEGREE:

CERTIFICATIONS

FIREFIGHTER (LIST LEVEL (S) COMPLETED AND STATE CERTIFICATION)
EMERGENCY MEDICAL TECHNICIAN (LIST LEVEL (S) COMPLETED, STATE OF CERTIFICATION AND CERTIFICATION NUMBER)
OTHER (IE: CPR, HAZ-MAT, SCBA, ETC.) LIST CERTIFICATION NUMBERS AND EXPIRATION DATE IF APPLICATION

EMPLOYMENT HISTORY

LIST BELOW ALL WORK EXPERIENCE BEGINNING WITH YOUR PRESENT OR MOST RECENT JOB. INCLUDE ANY MILITARY WORK EXPERIENCE AND VOLUNTEER ACTIVITIES. PRESENT OR LAST POSITION FIRST.

EMPLOYER:	DATES EMPLOYED (MO/YR)
ADDRESS:	
CITY, STATE	FROM TO
DUTIES:	
SUPERVISOR:	PHONE NUMBER
EMPLOYER:	DATES EMPLOYED (MO/YR)
ADDRESS:	
CITY, STATE	FROM TO
DUTIES:	
SUPERVISOR:	PHONE NUMBER

REFERENCES (Non-family/Non-member)

NAME	ADDRESS	PHONE	RELATIONSHIP	YEARS KNOWN
1.				
2.				
3.				

ACKNOWLEDGMENTS

----PLEASE READ BEFORE SIGNING----

I AUTHORIZE INVESTIGATION OF ALL INFORMATION AND STATEMENTS CONTAINED IN THIS APPLICATION FOR MEMBERSHIP AS MAY BE NECESSARY IN ARRIVING AT AN ACCEPTANCE DECISION. I UNDERSTAND THAT ANY FALSE INFORMATION OR MISREPRESENTATION ON THIS APPLICATION WILL RESULT IN MY BEING ELIMINATED FROM FURTHER CONSIDERATION. I FURTHER UNDERSTAND THAT, IF ACCEPTED FOR MEMBERSHIP, ANY FALSE INFORMATION OR REPRESENTATION, WHICH BECOMES KNOWN TO THE DEPARTMENT, WILL BE CAUSE FOR DISCHARGE. IN CONSIDERATION OF MY MEMBERSHIP, I AGREE TO CONFORM TO THE INSTRUCTIONS, RULES AND POLICIES OF THE BOLTON VOLUNTEER FIRE DEPARTMENT.

SIGNATURE:	DATE:
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NOTE: PARENT CONSENT IS REQUIRED OF PERSONS UNDER 18 YEARS OF AGE

SIGNATURE OF PARENT OR GUARDIAN:	DATE:
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INTERVIEWER'S NOTES

INTERVIEWER (S):

COMMENTS:

(FOR OFFICE USE ONLY)

DATE OF FIRST READING AND AMOUNT OF APPLICATION FEES:

DATE OF PHYSICAL EXAMINATION:

ACCEPTED FOR MEMBERSHIP

DATE:

NUMBER OF MEMBERS PRESENT:

NUMBER OF FAVORABLE VOTES:

NUMBER OF OPPOSING VOTES:

REJECTED FOR MEMBERSHIP

DATE:

NUMBER OF MEMBERS PRESENT:

NUMBER OF FAVORABLE VOTES:

NUMBER OF OPPOSING VOTES: