



Fire Fighter Division Check Here	EMS Division Check Here
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Associate Division Check Here	Fire Police Division Check Here
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Please Select Primary Division with a ✓ * = Required Information

Colchester Hayward Volunteer Fire Company Membership Application

Please Print Clearly on Both sides

*Last Name		*First Name		MI	*Date of Application	
*Residence Address (No., Street)			*Town		*Zip code	
*Home Telephone Number		*Cell Phone Number		*E-Mail Address		
Emergency Contact Person (Name)				Emergency Contact Alternate Phone Number		
*State Issuing Driver License	*Driver License Number			*Driver License Type/ Class		
Employer		Years of Employment	Shift (Circle)		1 2 3 Swing	
Please explain why you wish to join the CHVFC						

I Herby agree to abide by the rules and regulations of the Colchester Hayward Volunteer Fire Company, to receive training as required, and to participate fully as an active member of the CHVFD

Sponsor Name (If Applicable)	*Applicant Signature
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Colchester Hayward Volunteer Fire Company Use Only

CHVFC Use Only	Meeting Date received ____/____/____	On-Line Testing Completed ____/____/____	Applicant Review Committee #1
	Date Normal Course: ____/____/____	Investigation Date ____/____/____	Applicant Review Committee #2
	Date Physical Provided ____/____/____	Physical / Stress Test ____/____/____	Applicant Review Committee #3
	Date Probation Approved ____/____/____		Application Withdrawn Date / By:
	Full Membership ____/____/____		FFID

State of Connecticut Certifications

(List ALL that you have Please Provide Copies of Documentation)

Firefighter Certifications			Emergency Medical Services Certifications		
FF I Date	FF II Date	FF III Date	MRT Date	EMT Cert#	Expires Date
Fire Officer Training			MAST EOA Date	CPR Cert Date	Defibrillation Date
			EMS Instructor Date	Paramedic Date	
Additional Previous Emergency Service Training (Please provide copies of any available supporting documentation) Use a Separate Sheet If Necessary.					When Received
					Years Experience
Any additional Emergency Services Experience (Please provide copies of any available supporting documentation)					

Education

Secondary School Attended and Location:	Highest Grade Successfully Completed:	Year Graduated:
University Attended and Location:		
Major Subjects of Specialization:		
Major Subjects of Specialization:		
Other Educational Training / Courses Completed:		

Authorization to Investigate

In order for the Colchester Hayward Volunteer Fire Company to properly process your application a background check may be required. Failure to grant permission does not in any way preclude your application from being processed or considered.

You may have the right to request in writing the disclosure of the nature and scope the report if any.

The CHVFD provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, sex, national origin, or genetics.

<p>*Authorization is hereby</p> <p style="text-align: center;">() GRANTED () DENIED</p>	<p>Applicant Signature:</p>
<p>If Granted Witness Signature:</p>	
<p>Witness Printed Name:</p>	<p>DATE:</p>