

## **Application For Membership:**

Thank you for your interest in becoming a member of the Morris Volunteer Fire Department. The intent of this letter is to inform you of the application process.

- Please fill out the application to the best of your knowledge.
- Place filled out application in sealed envelope and return to the Fire House. Place filled out background check form in the separate envelope to the Fire House.

## **Photo Identification:**

- Please include a copy of valid Drivers License, copy of your Social Security Card, and a copy of any current certifications or licenses in envelope with application.

## **Medical Exam:**

- All Applicants are required to pass a medical exam with fitness testing by ST Francis Medical Center at no cost. All information is kept confidential.
- Applications will be presented and reviewed by the membership committee once the background checks comeback to the committee and an interview is set up with the applicant.
- All new members actively involved in firefighting shall take and pass a State Approved Firefighter 1 Course within one (1) year from being elected to the Department. Junior members will have one (1) year after their 18<sup>th</sup> birthday to complete a state Approved Firefighter 1 course, unless temporary waiver is granted by the Executive Committee.
- All members actively involved in E.M.S. shall take and pass a State approved E.M.T or M.R.T Course or other approved training that assists the Fire Department in patient care within one year from being accepted into the Fire Department. Juniors may become EMT's at the minimum of 16 years of age per state statute.

# Morris Volunteer Fire Department, Inc.

P.O. Box 48, Morris, CT 06763

I am applying for; Fire ( ) EMS ( ) Auxiliary ( )

Being employed or residing within four (4) miles of any boundary line of the town of Morris, and being at least (18) years of age, I hereby submit an application for membership in the Morris Volunteer Fire Department, Inc.

Upon Election to department membership, the applicant must pass the required physical before being placed on the active list.

I herewith agree to take a physical exam as required by the Town of Morris. This physical will be paid by the Town of Morris and shall be taken after election to the department.

Name: \_\_\_\_\_ Phone #: (day) \_\_\_\_\_

Address: \_\_\_\_\_ (evening) \_\_\_\_\_

Best Time To Reach: \_\_\_\_\_ (cell phone) \_\_\_\_\_

E-mail address: \_\_\_\_\_

Driver's license #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place of employment: \_\_\_\_\_

Full time: \_\_\_ Part time: \_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Level of Education: Grade School \_\_\_\_\_ High/Technical School \_\_\_\_\_ College \_\_\_\_\_

Graduate Degree \_\_\_\_\_

Continuing Education Studies \_\_\_\_\_

Military Service: Branch of Service: \_\_\_\_\_ Years of Service: \_\_\_\_\_

## EMS Experience:

EMS Experience; ( ) Y ( ) N Dates: \_\_\_\_\_

Location; \_\_\_\_\_

EMS Certification: ( ) Y ( ) N #/State; \_\_\_\_\_

Level; \_\_\_ Expires; \_\_\_ CPR; ( ) Y ( ) N Expires; \_\_\_\_\_

## Fire Experience;

Fire Experience; ( ) Y ( ) N

Level; \_\_\_\_\_

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**References from previous fire departments:**

Fire Department; \_\_\_\_\_ Chief; \_\_\_\_\_

Fire Department; \_\_\_\_\_ Chief; \_\_\_\_\_

Fire Department; \_\_\_\_\_ Chief; \_\_\_\_\_

Any pertinent certifications, licenses or studies (i.e. CPR, Lifesaving, etc.) : \_\_\_\_\_

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List any special Hobbies, Interest, and/or Memberships that would be an asset: \_\_\_\_\_

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Please list at least 3 personal References not related to you.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Years Known: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Years Known: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Years Known: \_\_\_\_\_

Personal Physician: \_\_\_\_\_ Blood type: \_\_\_\_\_

Hospital Affiliation: \_\_\_\_\_

Have you had a Hepatitis B Vaccination? Yes / No

Emergency Contacts: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Please provide us with a photocopy of your current driver's license, social security card and any current certifications, or licenses.

I hereby authorize the Morris Volunteer Fire Department to conduct a personal information background check including criminal and/or motor vehicle records. In addition, I understand that approval of my application for membership is not guaranteed. If admitted as a member, I agree to abide by the rules, regulations, by-laws and protocols of the Morris Volunteer Fire Department. I understand that membership is a privilege, not a right, and that failure to comply with the rules, regulations, by-laws and protocols, including any misrepresentation on my application, may be grounds for my termination.

**Signature of applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Department Use Only:**

**Application received and reviewed by membership:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Application reviewed by membership and interviewed:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Application presented to body:**

**Approved:** \_\_\_\_\_ **Rejected:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_





