BURLINGTON VOLUNTEER FIRE DEPARTMENT

719 George Washington Turnpike * P.O. Box 1285 * Burlington, CT 06013
Phone: 860-675-2183 Fax: 860-675-2185

MEMBERSHIP APPLICATION

NAME: _____ DATE: _____

ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ EMAIL: _____

BEST WAY TO CONTACT: _____

DRIVERS LICENSE #: _____ STATE: _____ EXP. DATE: _____

EMERGENCY CONTACT: _____

PHONE: _____ RELATIONSHIP: _____

ARE YOU OVER 18 YEARS OF AGE? YES _____ NO _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES_____ NO_____

HAVE YOU EVER BEEN CONVICTED OF A MOTOR VEHICLE VIOLATION? YES_____ NO_____

IF YES, PLEASE EXPLAIN: _____

_____

PRESENT EMPLOYER: _____

EMPLOYER ADDRESS: _____

REFERENCES: LIST 3 REFERENCES (NAMES, ADDRESSES, AND PHONE NUMBERS)

PLEASE DO NOT INCLUDE FAMILY MEMBERS.

NAME	ADDRESS	PHONE

WHAT AREA OF THE FIRE DEPARTMENT ARE YOU INTERESTED IN?

FIRE _____ EMS _____ RESCUE _____

DO YOU HAVE ANY PREVIOUS TRAINING? YES _____ NO _____
(IF YES, PLEASE EXPLAIN AND PROVIDE COPIES OR PROOF OF CERTIFICATION)

_____

_____

I, SWEAR THAT THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT I MUST COMPLETE THIS APPLICATION IN ITS ENTIRETY INCLUDING ALL REFERENCES AND THAT THE BURLINGTON VOLUNTEER FIRE DEPARTMENT WILL VERIFY THIS INFORMATION. I ALSO UNDERSTAND THAT ANY FALSE OR MISINFORMATION IS GROUNDS FOR DENIAL OF THE APPLICATION.

SIGN: _____ DATE: _____