



ENFIELD VOLUNTEER FIRE DEPARTMENT MEMBER APPLICATION FORM

SECTION 1: PERSONAL INFORMATION

Name of applicant: _____
(LAST) (FIRST) (INITIALS)

Address: _____
(NUMBER) (STREET) (POSTAL CODE)

Health Disabilities/Limitations: _____

Phone Number: _____ Cell Number: _____ Email: _____

Are you over the age of 18? YES NO

Employer: _____ Occupation: _____

Driver's license: _____ Own transportation? _____
(MASTER NUMBER) (CLASS) (ENDORSEMENTS) (YRS DRIVING)

Normal hours of work: _____ Do you work out of town? _____

Were you ever a member of a Fire Department? _____ If yes, where? _____

When? _____ Positions held? _____

Level of training achieved: _____ Can you provide references: _____

List any first responder qualifications and/or training you have, which may benefit this Department:

Do you anticipate any problems attending Tuesday night training? _____ Emergency Calls? _____

SECTION 2: EMERGENCY CONTACT INFORMATION

Next of Kin: _____
(LAST) (FIRST) (INITIALS)

Relationship: _____ Phone Number: _____ Cell: _____ Vaccinations: _____

Address: _____
(NUMBER) (STREET) (CITY) (PROVINCE) (POSTAL CODE)

Work Number: _____ Extension: _____ Contact Name: _____

PLEASE PROVIDE REFERENCES ON THE REVERSE OF THIS APPLICATION:

- A. Any false statement on this application is grounds for immediate dismissal.
- B. A criminal record check, child abuse registry check and letter of pending charges if any must be submitted along with this application.
- C. References and proof of previous fire service experience if any, to include certification, must be submitted with this application.

I hereby agree to adhere to the By Laws, Policies and Guidelines of the Enfield Volunteer Fire Department. I further agree to respond to emergency calls, and to actively participate in meetings, training sessions, social functions, and other Department activities when available.

Date: _____ Signature of Applicant: _____

Date of interview: _____ Membership Chair Signature: _____

Committee Recommendations: _____

Comments: _____

Membership Vote (Probation) _____ / _____ / _____ (Active Status) _____ / _____ / _____
Accept/reject Day Month Year Accept/reject Day Month Year