

Darien Volunteer Fire Department

848 Post Road

Darien, CT 06820

(203) 655-1216

Application for Membership

Directions

1. This application must be completed in full before action shall be taken. Print in Ink or Type. Sign last page as indicated.
2. Applicants for Membership must pass a physical examination by a licensed physician and be certified fit for duty as a firefighter. Physicals will be at no cost to the Darien Fire Department, Inc.
3. Enclose a personal check, money order, or cash for the amount of \$30.00 to cover a \$20.00 initiation fee and \$10.00 fee for dues for Membership.
4. Please submit a copy of driver's license with this application also.

To be completed by Applicant

Name (Last, First, MI)

Gender

Address

Driver's License#/State

City, State, Zip Code

How long have you lived at this address?

Home Phone (area code) number

Work Phone (area code) number

Cell Phone (area code) number

Race (optional)

Social Security #(optional)

Highest Level of Education Attained

Age _____ Occupation _____ Are you a legal citizen? _____

If not, where are you a citizen? _____

Date of Birth _____ Place of Birth _____

Have you ever been arrested? _____ if "YES" explain in detail: _____

Have you ever been convicted? _____ if "YES" explain in detail: _____

Have you ever had any traffic violations? _____ If "YES" for what? _____

Have you ever applied and/or been denied membership to another Fire Department? _____

If "YES" explain in detail:

Have you ever been a member of another Fire Department? _____

If "YES" which one & what is your status?

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Are you currently involved or have ever been involved in community service? If so, what, when, where & why?

Choose one: Lives at home with parent Homeowner Renter

**Please provide list of three previous addresses other than present residence:
Please print:**

Landlord name

Phone number (area code) number

If you are currently a student, please submit a copy of report card & GPA.

If presently a student, please submit two references in writing from school administration (teacher, guidance counselor, principal) with completed application.

Please submit three references in writing (people other than family) with completed application.

Please provide a brief description as to why you would like to become a member of the Darien Fire Department?

Are you being recommended by a current member? If so, who?

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To be Completed by Parent or Guardian (required only if applicant is under 18)

I _____ give permission for my son or daughter to apply for membership with the Darien Fire Department, Inc. I understand that according to the House Rules of the Darien Fire Department my son or daughter may not be in the firehouse past 10:00pm on a school night unless reporting for duty at an alarm or drill.

Signature _____ **Date** _____

To be completed by Applicant

I _____ hereby certify that the information I have given in this application is true and correct to the best of my knowledge and I understand that any falsification shall automatically result in my expulsion from the Darien Fire Department, Inc. If elected to the Darien Fire Department I hereby agree to adhere to the Bylaws and Standard Operating Procedures set forth by the department. If removed from the Department I hereby agree to return all equipment issued to me by the department including, but not limited to all fire gear, radios, pagers, key fob, and bylaws. I understand that failure to return department equipment following an expulsion or resignation from the department may result in legal action. I hereby authorize the release of any and all information concerning me contained in the records of any Federal, State or Local Police agency to the Darien Fire Department, Inc.

Signature _____ **Date** _____

Witness _____ **Signature** _____ **Date** _____

If under 18 years of age,

Parent Signature _____ **Date** _____

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To be completed by Physician

Physicals will be at no cost to the Darien Fire Department, Inc.

Physical Examination

The result of my examination of _____ leads me to the following statement as to the applicant's fitness for duty as a firefighter. (For additional space use the back of this form).

Date of last complete physical: _____

Immunizations up to date? _____

Has the applicant ever been vaccinated for Hepatitis B? _____

If "Yes" please provide dates of series _____

Signature of Physician _____ Date _____

Physician Stamp _____

Telephone Number _____

Address _____

Physician Stamp _____

Dept. use only:

Date

Application Received _____ by whom _____

First Reading to meeting _____

Application sent to NCIC _____ Received from NCIC _____

Result: Pass/ Fail

Applicant contacted for first interview _____ Date of first interview _____

Name of members conducting interview _____ & _____

Notes from interview:

Applicant contacted for second interviewed _____ Date of second interview _____

Name of members conducting interview _____ & _____

Notes from interview:

Second Reading to meeting _____ Membership Decision _____

Date: