



Colchester Hayward Volunteer Fire Company
Established 1854
Membership Application

Fire Fighter Division <i>Check Here</i>	EMS Division <i>Check Here</i>
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Associate Division <i>Check Here</i>	Fire Police Division <i>Check Here</i>
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* = Required Information

Company Membership Application

Please Print Clearly Both sides

Please Print Clearly Both sides

*Last Name		*First Name (The name you want to be know by)		MI	*Date of Application	
*Residence Address (No., Street)			*Town		*Zip code	
*Social Security Number		*Date of Birth	*Home Telephone Number		Business Telephone Number	
Blood type:	*Sex	*Height	*Weight	*Married/Single	Spouse's Name	
Emergency Contact Person (Name)			Emergency Contacts Phone Number (Other than Home)			
*Connecticut Drivers License Number		*Drivers License Type/ Class		*Drivers License Limitations		
Employer			How Long		Shift (Circle) 1 2 3 Swing	
Please Explain in your own words why you wish to Join the CHVFC						
I Hereby 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			*Your Signature			

Colchester Hayward Volunteer Fire Company Use Only

CHVFC Use Only	Meeting Date received ____/____/____		Applicant Review Committee #1
	Date Normal Course: ____/____/____	Investigation Date ____/____/____	Applicant Review Committee #1
	Date Physical Provided ____/____/____	Physical / Stress Test ____/____/____	Applicant Review Committee #1
	Date Probation Approved ____/____/____		Application Withdrawn Date / By: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	Para-Medic Date	
Additional Previous Emergency Service Training (Please enclose Documentation) Use a separate sheet if required					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:		
Community College attended and location:		
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, we are requesting the Connecticut State Police to provide an investigation report containing information on any felony arrest resulting in conviction that you may have experienced. 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 is an Equal opportunity employer, and does not discriminate, for race, creed, color, gender or national origin.

Authorization is hereby <input type="checkbox"/> GRANTED <input type="checkbox"/> DENIED	Your Signature:
If Granted Witness Signature:	
Witness Printed Name:	DATED: