



**Fire Fighter  
Division**  
Check Here

**EMS  
Division**  
Check Here

**Associate  
Division**  
Check Here

**Fire Police  
Division**  
Check Here

Please Select Primary Division with a ✓ \* = Required Information

**Colchester Hayward Volunteer Fire Company Membership Application**

Please Print Clearly on Both sides

Please Print Clearly on Both sides

*Last Name	*First Name	MI		*Date of Application
*Residence Address (No., Street)		*Town		*Zip code
*Home Telephone Number	*Cell Phone Number	*E-Mail Address		
Emergency Contact Person (Name)		Emergency Contact Alternate Phone Number		
*State Issuing Driver License	*Driver License Number	*Driver License Type/ Class		
Employer	Years of Employment	Shift (Circle) 1    2    3    Swing		

Please explain 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 CHVFC**

Sponsor Name (If Applicable)	*Applicant Signature
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**Colchester Hayward Volunteer Fire Company Use Only**

<b>CHVFC Use Only</b>	Meeting Date received ____/____/____	On-Line Testing Completed ____/____/____	Applicant Review Committee #1
	Date Normal Course: ____/____/____	Investigation Date ____/____/____	Applicant Review Committee #2
	Date Physical Provided ____/____/____	Physical / Stress Test ____/____/____	Applicant Review Committee #3
	Date Probation Approved ____/____/____		Application Withdrawn Date / By: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	EMR Date	EMT Cert#	Expires Date
Fire Officer Training				CPR Cert Date	
			EMS Instructor Date	Paramedic Date	
Additional Previous Emergency Service Training (Please provide copies of any available supporting documentation) Use a Separate Sheet If Necessary.					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:		
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 a background check may be required. 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 CHVFC provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, sex, national origin, or genetics.**

<p><b>*Authorization is hereby</b></p> <p style="text-align: center;">(    ) GRANTED                      (    ) DENIED</p>	<p>Applicant Signature:</p>
<p>If Granted Witness Signature:</p>	
<p>Witness Printed Name:</p>	<p>DATE:</p>