

Glenville Volunteer Fire Company, Inc.

266 Glenville Road, Glenville, Connecticut 06831
Telephone 203-661-1884 Fax 203-661-1884

FIRE and RESCUE
CALLS DIAL 911

Membership Application

Full Name:	Home Phone:
<hr/>	
Address:	Work Phone:
<hr/>	
	Date of Birth:
<hr/>	
Social Security Number:	Driver's Licence Number:
<hr/>	
Employed By: _____	Type: _____
	Expiry Date: _____
Occupation: _____	

Prior Membership of any other Fire Company:

Yes: (If so, which one and where)

No:

Current Certifications Held:

I hereby agree that, in the event of my election to membership, I will respect and obey the officers. I will be governed by the Constitution, By-Laws, and any other regulations of the Glenville Volunteer Fire Company, Inc.

I realise the dangers and risks undertaken in the performance of firefighting and related duties, and hereby waive all claims against the Glenville Volunteer Fire Company, Inc and/or its authorised agents, excepting what benefits and fees I am entitled to as a member of said organization.

I also attest by my signature that I am above the age of 18 years.

Full Signature of Applicant

Date:

Greenwich Fire Department

Data Form

Name.....
(First) (MI) (Last)

Address.....
(House or flat #) (street) (town) (zip)

If mailing address is different from above tick here and insert mailing address below

Mailing Address.....
(House or flat #) (street) (town) (zip)

Home Telephone (.....)-.....-.....

Current employer.....

Name of personal physician.....

Person to notify in case of emergency.....
(continue on reverse if additional space needed)

Fire Company you are joining Glenville

Date of Birth Social security #-.....-.....

Have you had or do you now have any medical condition of which you are aware that would preclude you from being a firefighter? Yes No

You must take and pass a complete physical examination which includes a stress test and nicotine test (the dept maintains a smoke free workplace). You must be 18 or over to join.

I..... wish / am willing to be assigned to tasks requiring the use of a fire apparatus (self contained breathing apparatus) and understand that it must be determined by the department surgeon that I am physically capable of performing the work (firefighting) and using the equipment and that my medical status will be reviewed periodically.

I attest that all information on this form is correct; that I am eighteen (18) years or older, a non-smoker, and do not use drugs; and I am aware that drug, stress, and nicotine tests are part of the entrance physical I will take. I further agree to the Hepatitis B vaccine series required of members. I understand that I must become a certified firefighter within one year to remain an active member.

Signed..... Date.....

Please attach copies of any Fire or EMS certificates you hold.