



## NORTH STONINGTON VOLUNTEER FIRE COMPANY

### APPLICATION FOR MEMBERSHIP

25 Rocky Hollow Road  
North Stonington, CT 06359  
Phone # 860-535-0937



Dear Prospective Member:

Thank you for your interest in becoming a member of the North Stonington Volunteer Fire Company (NSVFC). The level of commitment required for our members is unlike any other volunteer organization however the rewards are unique and satisfying. This letter briefly describes the membership categories and the basic requirements for our members. We encourage you to contact one of our Operational or Administrative Officers to learn more about our role in the community and the level of commitment expected of our members before you commit your time and talent to your community by becoming an active member of our company.

The North Stonington Volunteer Fire Company is a Connecticut nonprofit corporation chartered in 1945. Its purpose is to provide fire fighting, fire prevention, emergency medical services, rescue and any other activity which affects the safety of the inhabitants of the town of North Stonington and the neighboring areas.

The North Stonington Volunteer Fire Company has three types of membership:

**JUNIOR MEMBERSHIP:** A firefighting member who is sixteen (16) or seventeen (17) years of age and resides or works within the primary response area. A junior member will not enter burning structures, respond to mutual aid calls and/or rescue calls and must complete a six month probation period which he/she will be considered a conditional junior member. During the probationary period he/she will attend fifty percent of all company training. After completion of conditional status, the junior firefighter must ensure all areas of the training packet is complete. A JUNIOR Member will remain on probation till 18 years of age.

**REGULAR MEMBERSHIP:** A firefighting member who is at least eighteen (18) years of age and resides or works within the primary response area. Must complete a six month probation period in which he/she will be considered a conditional regular member. During the probationary period he/she will attend fifty percent of all company trainings. Conditional Members will need to complete a Physical at the expense of NSVFC. After completion of conditional status, the regular firefighter must maintain the required drills and call percentage for each year.

**ASSOCIATE MEMBERSHIP:** A non-firefighting member who is at least eighteen (18) years of age. That serve on board or committees. These members are here to support the companies mission.

Meetings are the second Wednesday of each month at 19:00 hrs and trainings are the first Sunday of each month at 09:30 hrs and the fourth Wednesday of each month at 19:00 hrs at the North Stonington Fire Company. Thank you once again for your interest in becoming a member of the North Stonington Volunteer Fire Company. Your application will be taken into consideration by both our Membership Committee and taken to the floor for a vote by the regular voting members. Be advised membership votes are done quarterly and once completed you will be notified of the status.

Sincerely,

Zachary Abbotts  
NSVFC Membership Secretary

# NORTH STONINGTON VOLUNTEER FIRE COMPANY APPLICATION FOR MEMBERSHIP

## PERSONAL INFORMATION

Name: (First, Middle, Last)	Date of Birth:
Address: (Street, City)	Last 4 Digits of Social Security Number: XXX-XX-
Subdivision	:
Home #:	Cell and provider #:
Work #:	Email Address:

Hair:	Eyes:	Scars:	Sex: M/F
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Drivers License #:	State:	Type/Class:
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## TYPE OF MEMEBERSHIP

Which NSVFC membership type do you have an interest in pursuing?

<input type="checkbox"/> REGULAR MEMBERSHIP [Fire Suppression (Firefighter/First Responder)] (18 years of age or older)
<input type="checkbox"/> JUNIOR MEMBERSHIP (16 or 17 years of age)
<input type="checkbox"/> ASSOCIATE MEMBERSHIP (18 years of age or older)

## EMERGENCY CONTACT INFORMATION (in case of accident and/or injury)

Name:	Relationship:
Address:	Work Phone:
Street, City, State, Zip:	Home Phone:
Doctor Name:	Doctor Phone:

## FIRE FIGHTING & EMERGENCY MEDICAL SERVICE EXPERIENCE

List previous **fire organization** membership and **fire fighting** training with inclusive dates:

Organization:	How Long:
Address:	Supervisor:
Date you entered:	Supervisor's Telephone:
Date you left:	
Reason you left:	
Rank or Positions Held:	
Organization:	How Long:
Address:	Supervisor:
Date you entered:	Supervisor's Telephone:
Date you left:	
Reason you left:	
Rank or Positions Held:	
Organization:	How Long:
Address:	Supervisor:
Date you entered:	Supervisor's Telephone:
Date you left:	
Reason you left:	
Rank or Positions Held:	

List previous **Emergency Medical Service** affiliation and training with inclusive dates (list highest level of training, expiration date of certification and organization):

#1:
#2:
#3:

List any or all other volunteer organizations you are or have been a member (NAME and LOCATION):

#1:

#2:

#3:

#4:

Please tell us briefly why you would like to become a member of the North Stonington Volunteer Fire Company.

## EMPLOYMENT HISTORY

List below all previous employers in last 5 years starting with most current: (use additional paper if necessary)

Current Employer:	How long:
Address:	Position Held:
City, State, Zip:	Supervisor:
Business Telephone:	Supervisor's Telephone:
Employer:	How long:
Address:	Position Held:
City, State, Zip:	Supervisor:
Business Telephone:	Supervisor's Telephone:

## REFERENCES

Please list **three** character references

Name:	Occupation:
Address:	Work Phone:
City, State, Zip:	Home Phone:
Interviewer's Notes:	
Name:	Occupation:
Address:	Work Phone:
City, State, Zip:	Home Phone:
Interviewer's Notes:	
Name:	Occupation:
Address:	Work Phone:
City, State, Zip:	Home Phone:
Interviewer's Notes:	

## CRIMINAL HISTORY

Have you ever been convicted of a Felony or Misdemeanor including moving traffic violations?

YES

NO

Do you have a Felony or Misdemeanor Case (including moving traffic violation) pending?

YES

NO

Have you ever forfeited a bond?

YES

NO

If you answered YES to any of the criminal history questions, explain in detail below (use additional sheet of paper if needed)

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## MEDICAL HISTORY

Have you ever been diagnosed as, or been treated for having any of the following?

Diabetes	Cardiovascular Problems (Heart Disease)
Emphysema	Cerebrovascular Accident (Stroke)
Tuberculosis	Hypoglycemia (Low Blood Sugar)
Epilepsy	Eyesight Defects                      Corrected?
Cerebral Palsy	Hearing Defects                      Corrected?
Nervous Disorders	Lifting Restrictions

Do you have a physical or mental disorder which may impair your ability as a fire fighter or first responder?

Are you claustrophobic?

If YES to any of these questions, explain in detail (use additional paper if needed).

Please read and sign:

I, \_\_\_\_\_ hereby make application for membership in the North Stonington Volunteer Fire Company.

I HEREBY AFFIRM THAT ALL THE FOREGOING STATEMENTS ON THIS APPLICATION ARE TRUE AND CORRECT.

IT IS UNDERSTOOD THAT A FALSE STATEMENT ON THIS APPLICATION MAY BE CONSIDERED AS SUFFICIENT CAUSE FOR REJECTION OR, IF APPLICATION IS APPROVED, DISMISSAL FROM THE NORTH STONINGTON VOLUNTEER FIRE COMPANY, INC.

I ALSO UNDERSTAND THAT THE NORTH STONINGTON VOLUNTEER FIRE COMPANY, INC. RETAINS THE RIGHT TO ACCEPT AND/OR REJECT ANY APPLICATION AT THEIR SOLE DISCRETION, AND I AGREE TO ACCEPT AND ABIDE BY THEIR DECISION.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

**For your membership application to be complete (BEFORE you turn it in), you must:**

- Provide all information requested in this application including signature (use N/A when an item is 'not applicable' to you)
- Attach a \$20 initiation fee payable by cash or check. (In the event your application is rejected your funds will be returned.)
- Junior Members: Must complete Junior Membership Form (Notarized)
- Contact the Membership Secretary of the Company to discuss membership requirements

How did you hear about us? (for example, Friend / Local Posting /Facebook)

**Application Consent and Release**  
**JUNIOR MEMBERSHIP ONLY**

I, \_\_\_\_\_, age \_\_\_\_\_, hereby request permission to participate in monthly drills, firefighting and other activities of the North Stonington Volunteer Fire Company. It is understood and agreed that I will not enter burning structures or respond to Mutual Aid or Rescue Calls.

Date: \_\_\_\_\_

\_\_\_\_\_

Applicant Signature

The above application is made with my knowledge and consent, and I hereby waive any and all rights I may have as a Parent of the above named minor to recover damages to person or property which may be incurred by said minor as a result of participation in the above stated activities.

Date: \_\_\_\_\_

\_\_\_\_\_

Parent or Guardian Signature

Address: \_\_\_\_\_

\_\_\_\_\_

ACCEPTED for the North Stonington Volunteer  
Fire Company this \_\_\_\_\_ day of  
\_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Chief, North Stonington Volunteer Fire Company

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**NORTH STONINGTON VOLUNTEER FIRE COMPANY**  
**MEMBERSHIP APPLICATION**  
**AUTHORIZATION TO RELEASE INFORMATION**

To Whom It May Concern:

I hereby request and authorize you to furnish the the North Stonington Volunteer Fire Company with any and all information they may request concerning my work record, educational history, military record, financial status, criminal record, general reputation, and past or present medical condition. This authorization is specifically intended to include any and all information of a confidential or privilege nature as well as photocopies of such documents, if requested. The information will be used for the purpose of determining my eligibility as a Member of the North Stonington Volunteer Fire Company.

I hereby release you and your organization from any liability which may or could result from furnishing the information requested above or from any subsequent use of such information in determining my qualifications to serve as a Volunteer Firefighter.

Applicants Signature \_\_\_\_\_, date \_\_\_\_\_

## FOR Company USE ONLY

Date Application Received:	
Application Received By:	
Department Interviewer:	
Background Check Conducted:	
Background Check Results / Date:	
Police Record:	
References Checked By:	

Type of Membership:		
<input type="checkbox"/> Regular	<input type="checkbox"/> Junior	<input type="checkbox"/> Associate

Date Presented to Executive Board:	
Executive Board Decision:	

Date Presented to Membership:	
Membership Decision:	

Date up for Regular Status:	
Regular Status Vote:	