

# THE SCOTLAND VOLUNTEER FIRE DEPARTMENT

## Application for Membership

Please read the following instructions when completing your application. Completing each step prior to submitting your application will prevent delays and allow it to be processed more quickly. Should you have any questions regarding the instructions or application, you may contact the Fire Chief at (860) 450-1525 at extension 11.

1. Read and understand the application.
2. Complete all sections. If there is a field that does not apply, mark it with "N/A".
3. Sign the authorization to obtain information on Page 9.
4. Sign the acknowledgement on Page 10.
5. Have the application notarized by a Notary Public on Page 10.
6. Submit the completed Application for Membership in a **SEALED** envelope to The Scotland Volunteer Fire Department, Attention: Secretary.
7. You will be contacted once you have been accepted as a probationary member to discuss and review the By-Laws, Standard Operating Guidelines (SOG's), and normal fire department policies and procedures.

# **THE SCOTLAND VOLUNTEER FIRE DEPARTMENT**

## **Application for Membership**

Welcome!

We wish to welcome you as a future member of The Scotland Volunteer Fire Department, Inc. Any reference to SVFD in this application refers to The Scotland Volunteer Fire Department, Inc.

SVFD is made up of persons, sixteen (16) and over, willing to give some part of themselves to their community and fellow man for no monetary gain and only for the satisfaction of saying "I did it" and working with a "team" of trained people.

Once your application has been accepted at a regular membership meeting, you will be placed on probation for six (6) months. Once you have completed six months of probation, your application will be brought before the voting membership and with approvals of the officers, voted on for acceptance by the body.

SVFD is an Equal Opportunity Employer. Except in cases of a bona fide occupational qualification or need, SVFD complies with all applicable Federal and State laws that prohibit discrimination against applicants for employment based on the basis of race, color, religious creed, age, sex, sexual orientation, marital status, national origin, retardation, learning disability or physical disability, including, but not limited to, blindness.

Today's Date \_\_\_\_\_

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## Application for Membership

### Personal Information

GENERAL INSTRUCTIONS: Please respond to every question on the application form, but do not include extraneous or non-responsive information. If a question does not apply to you, please write "N/A" in the space provided. If you need more space to respond to a question, please attach a separate piece of paper, preceding each answer with the question you are answering.

NAME: \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

If there is any other name(s) by which you have been known which SVFD should be aware of in order to verify your background, please provide such name(s).

\_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(IF DIFFERENT THAN STREET ADDRESS)

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Drivers License No.: \_\_\_\_\_ Class Type: \_\_\_\_\_ State: \_\_\_\_\_

Have you applied to become a member previously: Yes \_\_\_\_\_ No \_\_\_\_\_

Are you a past member of SVFD: Yes \_\_\_\_\_ No \_\_\_\_\_

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## Application for Membership

### Experience

Please list any special skills, certifications, licenses or similar credentials you may have that would be of benefit to SVFD:

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Have you been a member of another fire department? Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes", please complete the following:

Department: \_\_\_\_\_

Chief's Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

### Employment Information

Please provide the following information for the past three jobs that you have held, beginning with the most recent:

Employer: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Profession: \_\_\_\_\_

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Employer: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Profession: \_\_\_\_\_

Employer: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Profession: \_\_\_\_\_

### Employment Information

Have you ever served in the U.S. Armed Forces? Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes", please characterize the nature of your discharge: i.e., Honorable, General, Other than Honorable, etc.

\_\_\_\_\_

Please list any specialized training you received in the Armed Forces that would benefit SVFD:

\_\_\_\_\_

\_\_\_\_\_

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## Application for Membership

### Criminal Record

A history of criminal conviction(s) will not necessarily disqualify you from membership, and the factors such as age and time of the offense, seriousness and nature of the offense and rehabilitation will be taken into account.

Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes", please describe the number of convictions, the specific offense(s) for which you were convicted, how many years ago the convictions were entered.

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Have you ever been convicted of a misdemeanor, driving under the influence, simple assault, speeding, minor traffic violations, or disturbing the peace within the last five (5) years?

Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes", please describe the number of convictions, the specific offense(s) for which you were convicted, how many years ago the convictions were entered.

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Have you had any motor vehicle accidents or been convicted more than once for any motor vehicle violation within the past five (5)?

Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes", please describe the number of convictions, the specific offense(s) for which you were convicted, how many years ago the convictions were entered.

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# THE SCOTLAND VOLUNTEER FIRE DEPARTMENT

## Application for Membership

### References

Please provide the names of three (3) personal references, other than family members, who have known you at least three (3) years:

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Years Known: \_\_\_\_\_

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Years Known: \_\_\_\_\_

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Years Known: \_\_\_\_\_

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## Application for Membership

### Additional Information

Why do you want to join The Scotland Volunteer Fire Department?

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Please provide us with any additional information about yourself, experience or employment that you feel reflects upon your ability to perform the duties for which you plan on participating in at SVFD:

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### Authorization to Obtain Information

I hereby authorize and voluntarily release The Scotland Volunteer Fire Department, Inc. to conduct any necessary inquiries and collect any necessary information as to my background, character reputation, and ability to perform my duties at SVFD. The inquiries may include, but are not limited to, a review of my past membership in another fire department, a criminal and motor vehicle conviction history check, and interview of my personal references. I hereby release and agree to hold harmless the SVFD and the officers and members thereof.

I have read and understand the above statement.

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(Applicant's Printed Name)

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(Applicant's Signature)

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(Date)

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(Signature of Witness)

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(Date)

