

Deep River Fire Department

Membership Application for Junior Members

I, _____, hereby apply for membership to the Deep River Fire Department Junior Division. If admitted I will abide by all By-Laws and regulations of the Deep River Fire Department and State of Connecticut.

First Name: _____ Last Name: _____

Date of Birth: _____ Place of Birth: _____

I have been a resident of Deep River, CT for _____ years.

Recommended by (if under the age of 15): _____

Parent Phone Number: _____ Emergency Contact Phone: _____

Character References: (other than parent, guardian or relative)

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Do you have a valid CT Drivers License? Yes: ____ No ____

Do you have any arrests or convictions? Yes: ____ No ____ If yes, please explain:

Please list any allergies you may have that would require immediate medical attention:

Applicant Signature: _____

Parent Signature: _____

*Applicants must receive a complete medical physical exam by their physician or the official department physician. The Physical Examination Form must be completed and returned before acceptance.

Office Use Only

3 Months Probation: _____ Accepted: _____

_____ Junior Coordinator, Deep River Fire Junior Division

Deep River Fire Department

Organized 1896
Deep River, Connecticut 06417

FIREFIGHTER MEDICAL CLEARANCE FORM

This form must be filled out and signed by your primary physician and returned with your application for Membership.

Name of Applicant: _____

Date of Birth: _____

Firefighter Statement (Filled out by Applicant)

I intended to perform the following duties:

Respirator/SCBA Use	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Interior firefighting	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Fire ground support	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Fire Police	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Fire apparatus operator	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Physician/Examiner Statement

I have examined the above firefighter applicant on _____ and am familiar with the OSHA Standard 29CFR 1910.134. Based on the results of that exam, it is my opinion the above firefighter applicant is cleared for the following:

Respirator/SCBA Use Yes No
Specific limitations: _____
Follow-up evaluation: _____

Interior firefighting	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Fire ground support	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Fire Police	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Fire apparatus operator	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Physician Name: _____ Date: _____

Physician Signature: _____

Name of Practice: _____ Phone #: _____

Medical Examiner's License or Certificate #: _____ Issuing State: _____

Expiration Date: _____

05/08