

# Deep River Fire Department

Organized 1896

Deep River, Connecticut 06417

Thank you for your interest in becoming a Deep River Volunteer Firefighter. Below are details on how our application process works.

Either mail or drop off your Membership Application and Firefighter Medical Clearance Form to Fire Headquarters. Your application will be reviewed by our Investigating Committee and then presented at our next monthly Department meeting, held the first Wednesday of each month. Before then, you are only allowed to observe our drills and training.

Upon acceptance of a favorable 2/3 vote of the regular members present you will be placed on six months probation. During your probationary period you are encouraged to participate in all Department drills, calls, meetings and functions. Our drill nights are Wednesdays evenings at 6:30pm. Also during this period you are **extremely** encouraged to enroll in a State of Connecticut Firefighter I training class. These classes are usually taught at shoreline area fire departments throughout the year by state certified instructors. Class times vary, but are normally two nights a week and two or three weekend days for the practical evolutions. The Department will fully reimburse any member upon completion and passing of any firefighting related classes or training courses.

## **Probationary members may:**

1. Ride in the cabs of any apparatus (but not in the jump seats), for calls in Deep River, as long as a regular member is not available to fill that space.
2. Not ride in apparatus answering Mutual Aid calls,
3. Not act as an Interior Structural Firefighter.

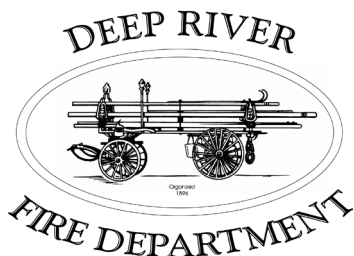
These restrictions may be rescinded, on a call by call basis, when authorized by a Chief Officer.

After you six months probation, at a monthly meeting, you will be voted on by a favorable 2/3 vote of the regular members present and become a regular member of our Department.

We look forward to the successful completion of your application process and hope you will enjoy an important and rewarding role as a volunteer firefighter for the town of Deep River.

Sincerely,

*The Officers & Members of the Deep River Fire Department*



# Application for Membership

Any person residing in the town of Deep River, and a citizen of the United States, having lived in said town for six (6) consecutive months or more, having attained the age of eighteen (18) years, (high school students ineligible) being of good moral character, physically and mentally capable, shall be eligible for membership in this Fire Department.

Please answer all questions and print clearly.

## Name & Address:

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Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Address: \_\_\_\_\_, Deep River, CT 06417 Home Phone #: \_\_\_\_\_

How long at present address: \_\_\_\_\_ If less than 10 years, please list previous address. Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Previous Address: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ CT Drivers License # \_\_\_\_\_ Class: \_\_\_\_\_

Are you a U.S. Citizen: Yes  No  Martial Status: Single  Married  Divorced

Spouses Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Military Service: Yes  No  Branch: \_\_\_\_\_ Length of Service: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

## Employment History:

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Present Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Phone #: \_\_\_\_\_ Address: \_\_\_\_\_, \_\_\_\_\_ Length of Employment: \_\_\_\_\_

Former Employer(s) (past 5 years):

\_\_\_\_\_, \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_, \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_, \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

If more room is needed, please use separate sheet of paper.

## Criminal Activity History for Volunteers Form:

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The Criminal Activity History for Volunteers Form must be completed and Notarized when you submit your application. Not doing so will only delay the application process.

## Firefighter Medical Clearance Form:

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The Firefighter Medical Clearance Form must be completed by your primary physician and attached when you submit your application. Not doing so will only delay the application process.

**Previous Firefighting Experience:**

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Are you currently a member of another fire department: Yes  No

If yes, name and city of department: \_\_\_\_\_, \_\_\_\_\_ Rank: \_\_\_\_\_

Past member of another fire department(s): Yes  No

If yes, name and city of department: \_\_\_\_\_, \_\_\_\_\_ Rank: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Are you a member of any other organizations: Yes  No

If yes, please explain: \_\_\_\_\_

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Do you have any specialized training or schooling: Yes  No

If yes, please attach copies of certificates.

**Consent & Release:**

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I hereby apply for membership to the Deep River Fire Department Incorporated. I certify the answers to the questions above are true to the best of my knowledge. The Connecticut State Police (C.S.P.) may be asked to conduct a background check for possible traffic and/or criminal violations. Any and all information received from C.S.P. or any other police organization will be held in strict confidence by the Deep River Fire Department, Incorporated.

If elected, I hereby agree to abide by the By-Laws, Standard Operations Guidelines (S.O.G.s) and any other rules and regulations set forth by the Deep River Fire Department, Incorporated.

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Recommended by: \_\_\_\_\_ Signed: \_\_\_\_\_

**For Internal Use Only**

Investigating Committee:	
_____	Favorable: Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	Date: ____/____/____
_____	
_____	Membership Vote: Accept <input type="checkbox"/> Reject <input type="checkbox"/>
_____	Date: ____/____/____
Termination of Membership:	
Effective Date: ____/____/____ Reason for Termination: _____	
Time Served: Years ____ Months ____	

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## Criminal Activity History for Volunteers

Have you ever been ARRESTED for any incident that involved violence, or the illegal use, sale or possession of drugs or narcotics, or for driving while under the influence of alcohol or drugs?

NO  YES If yes, list all arrests, indicating charges, locations, dates of arrest and dispositions. If additional space is required attach separate sheet(s) of paper. \_\_\_\_\_

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Have you ever been CONVICTED in any court of any crime?

NO  YES If yes, list all convictions; include charges, locations, dates of arrest and dispositions. If additional space is required attach separate sheet(s) of paper. \_\_\_\_\_

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Are you currently on probation, parole, on work release, in an alcohol and/or drug treatment program or currently released on personal recognizance, a Written Promise to Appear or a bail bond for a pending court case

NO  YES If yes, please explain. \_\_\_\_\_

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Have you ever been subject to a Restraining Order or Protective Order issued by a court in a case involving the use, attempted use or threatened use of physical force against another person?

NO  YES If yes, which court issued the order? \_\_\_\_\_

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I understand that false statements are punishable in Connecticut by statute (Sec. 53a-157b, C.G.S., a Class A misdemeanor). I further understand that any statements in this form that are determined to be false or inaccurate shall constitute grounds for me to be rejected or terminated as a volunteer for the Town of Deep River, CT or any of its agencies or departments. My signature below attests to the accuracy, completeness and to the truth of all information supplied on this form. I declare, under the penalties of False Statement, that the answers to the above are true and correct. I further understand and acknowledge that a criminal background check will be performed and an acceptable report is a condition of my being accepted as a volunteer.

Applicant's Signature: \_\_\_\_\_

Subscribed to and sworn to, before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Notary Public: \_\_\_\_\_

My commission expires: \_\_\_\_\_

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## 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