



Kent Volunteer Fire Department, Inc.

*P.O. Box 355
Kent, CT 06757*

APPLICATION: Emergency Membership

To the applicant,

Thank you for your interest in joining the KVFD. Please complete the attached application, which your sponsor can assist you with, and submit to the Executive Committee with your \$10.00 application fee. The application must also bear the signature of your sponsor. The fee is non-refundable.

Please seriously consider the following:

- You must have read the By-Laws and understand them.
- You must understand the training requirements of the Department.
- All Emergency personnel are expected to obtain some level of certification within the first year of membership.
- Before receiving a pager and gear, you must complete a Hazmat Operations course, and an Airborne & Bloodborne pathogens course, both of which may be scheduled once you join as we do our best to offer these courses during the year.
- Emergency members are required to participate in three training drills in a year that must include Hazardous Materials training, Air/Blood Borne pathogens training
- Emergency members are also expected to attend meetings and other functions, including fundraisers, on a regular basis as all activities of the department are important.
- Dues are due and payable every January. Payment is necessary in order for members to be covered by the department's insurance.
- In the event that you find yourself unable or unwilling to participate, the department would expect a written explanation or resignation, and the prompt return of all equipment in your possession.

APPLICATION: Associate Emergency Membership

The Department offers membership as an Associate Emergency Member to those whose full-time affiliation is with a neighboring department. Please refer to the KVFD Constitution for a full description of the requirements.

APPLICATION: Auxiliary Membership

To the applicant,

Please fill out the attached application and submit to the Executive Committee a copy of your license, and have your sponsor sign it. An auxiliary member is a non-emergency member of the Kent Volunteer Fire Department. His/Her duties could involve: serving on fundraisers, public relations and providing support in the event of a major incident – performing such duties as procurement and preparation of food and drinks, liaison to coordinate and bring in supplies – and any other efforts to support and for the benefit of the Department not requiring special fire service training and not requiring proximity to any scene of an alarm. They may speak on any event that they are connected with, shall hold no office, have no vote, pay no dues and be exempt from training and physical examinations.

APPLICATION: Junior Membership

To the applicant,

Please fill out the attached application, you must include a permission/release form, physical form, medical refusal form, personal medical information form, ride-along waiver form, sponsor form and by-law statement form; all of which must be on file with the department before attending any activities.



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APPLICATION FOR MEMBERSHIP

Today's Date: _____

Name: _____

Phone, home: _____

Address, street: _____

Phone, work: _____

Address, mailing: _____

Phone, cell: _____

Occupation: _____

Date of Birth: _____

Email _____

Driver License # _____ EXP. _____

Citizen of USA Yes No

Social Security # _____

Police Record: Yes No (If yes, give details on back)

Previous or current membership in a Fire Department Yes No

If so, what department _____ How long _____

Town Residing _____ How Long _____

Applicant seeking: **Emergency Membership**

Firefighter EMT EMR Driver/Pump Operator Fire Police

Applicant has attached the \$10.00 fee.

Applicant has attached the completed Physical Examination Record & Medical Clearance for Respirator Fit Testing forms. (TO BE COMPLETED BY A PHYSICIAN)

Applicant has attached a copy of their license, and is aware that we will be doing a DMV background check.

Applicant affirms that he/she is capable of performing all the duties required for membership.

Applicant has reviewed the training policies of the Department and will comply with them.

Applicant has read the Constitution and By-Laws, understands and is willing to abide by them.

Applicant seeking: **Associate Emergency Membership**, providing copies of certification for:

Firefighter EMT EMR Driver/Pump Operator Fire Police

Applicant seeking: **Auxiliary Membership**:

Activities interested in: Firemen's Fair Firemen's Ball Refreshments@Emergency Calls Mailings

Other _____

Applicant seeking: **Junior Membership**

To the Sponsor: This Applicant has read the Constitution and By-Laws, as stated above and understands them. He/She has reviewed the training policies and intends to comply with them. You feel that this applicant is qualified to perform the duties they have signed up for. You also made the applicant aware that we will be doing a DMV background check.

Signature of Sponsor

Dated on _____

Signature of Applicant



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Reviewed by Executive Committee: Date: _____

Applicant approved for membership on _____

By: _____

Secretary _____

PHYSICAL EXAMINATION RECORD

Name _____ Date of Birth _____ Age _____

Address _____ Sex: M F

Vision with/without Glasses: Right Eye _____ Left Eye _____ Both _____

Color Perception _____ Span of Vision _____

Hearing: Right Ear _____ Left Ear _____ Nose & Throat _____

History of Tuberculosis _____ Chest X-Ray Indicated _____

Respiratory System _____

Cardio-vascular: Heart B/P _____ Pulse Rate (sitting) _____

Pulse After Exercise _____ Pulse 2 min. Post Exercise _____

Hemoglobin (if indicated) _____ Urinalysis _____

Wasserman (if indicated) _____ Hernia _____

Evidence of significant skin infection _____

Signs of nervous disorder (emotional stability) _____

Significant history of previous illness _____

Non-remedial defects of deformities (describe) _____

I hereby certify that I have reviewed the findings of my examination and that to the best of my judgment, the candidate is physically qualified to assume the responsibilities of a volunteer emergency member of the Kent Volunteer Fire Department.

Date of Examination _____

Signature of Physician

Name (typed or printed)



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Note: ALL Emergency Members (Active and Associate) will be required to also have their physician complete a Medical Clearance for Respirator Fit Testing Form (see SOP 1-10).

MOTOR VEHICLE BACKGROUND CHECK WAIVER

As an applicant for membership in the Kent Volunteer Fire Department, I understand that it is a requirement to furnish the Department a photocopy of my current driver's license and my current residential address. If I have resided at this address for less than two years, I will also provide my previous address. I understand this information will be used by the Department to complete a motor vehicle background check on my driver's license that I provide. Results of this check will be placed in my personnel file. I understand and agree to this screening procedure of the Kent Volunteer Fire Department.

Applicant Printed Name

Date

Applicant Signature

Witness Printed Name

Witness Signature

SS #



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FOR DEPARTMENT USE ONLY:

RECEIVED BY: _____

DATE: _____

PHOTOCOPY LICENSE FORM

(PLACE DRIVER'S LICENSE HERE FOR PHOTOCOPY)

PREVIOUS ADDRESS (If applicant has lived at current residential address for less than two years):

STREET _____

TOWN _____

STATE _____

ZIP CODE _____