



Kent Volunteer Fire Department, Inc.

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

APPLICATION FOR MEMBERSHIP

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.

Emergency Membership

To the Applicant,

Please note the following:

- New members shall have read the By-Laws and understand them.
- New members shall 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 Awareness course, and an Airborne & Bloodborne pathogens course.
- 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 expected to attend meetings and other functions, including fundraisers, on a regular basis as all activities of the department are important.
- Emergency members must pay dues every January as part of the requirement for insurance.
- In the event that you find yourself unable or unwilling to participate as a member, the Department would expect a written explanation or resignation, and the prompt return of all Department equipment in your possession.

Associate Emergency Membership

To the Applicant,

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.

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.

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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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

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 _____

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 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 Applicant Date _____

Signature of Sponsor Date _____

Executive Committee Review Date: _____ By: _____ Secretary

Applicant approved for membership on _____



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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 Inc.

Date of Examination

Signature of Physician

Name (typed or printed)

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).



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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 _____

NOTICE AND ACKNOWLEDGMENT

[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT]

NOTICE REGARDING BACKGROUND INVESTIGATION

Kent Volunteer Fire Department, Inc. _____ may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, driving record, and/or mode of living, and which can involve personal interviews with sources such as your current and past employers, friends, or associates, as well as past employment information in compliance with regulations of the U. S. Department of Transportation (DOT), including 49 CFR Part 40 and 49 CFR Part 382, regarding DOT drug and alcohol testing results from past employers. These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by PreHire Screening Services LLC, 1201 Sovereign Row, Oklahoma City, OK 73108, 1-(866) 405-4473. The scope of this notice and authorization is all-encompassing, however, allowing **Kent Volunteer Fire Department, Inc.** _____ to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by PreHire, or another outside organization acting on behalf of **Kent Volunteer Fire Department, Inc.** _____ and/or **Kent Volunteer Fire Department, Inc.** _____ itself. I agree that a facsimile ("fax") or photographic copy of this Authorization shall be as valid as the original.

New York applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by the Employer by contacting PreHire Screening Services LLC directly.

- Oklahoma applicants or employees only:** I request a copy of any credit report requested on me. (Check box)
- Minnesota applicants or employees only:** I request a copy of any consumer report requested on me. (Check box)

California applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by the Company at no charge whenever you have a right to receive such a copy under California law.

Under Section 1786.16(a)(2)(B)(vi) of the CA Civil Code, you are notified that PreHire Screening Services LLC privacy practices can be found at www.prehirescreening.com.

Under Section 1785.20.5 of the CA Civil Code and Section 1024.5 of the CA Labor Code, you are notified that a credit report may be ordered if you are applying for a position involving access to confidential or proprietary information.

Use of date of birth is for identification purposes only to conduct the background check. The Company is an equal opportunity employer. Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.

LEGAL NAME OF AUTHORIZING CONSUMER: _____

ANY OTHER NAMES I HAVE BEEN KNOWN BY (INCLUDING MAIDEN NAME): _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

DRIVER'S LICENSE NUMBER AND STATE ISSUED: _____

CURRENT ADDRESS: _____

PREVIOUS ADDRESSES (LAST 7 YEARS): _____

SIGNATURE OF AUTHORIZING CONSUMER: _____ DATE: _____

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer

reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- The following FCRA right applies with respect to nationwide consumer reporting agencies:

CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

You have a right to place a “security freeze” on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is

placed on a consumer's credit file. Upon seeing a fraud alert display on a consumer's credit file, a business is required to take steps to verify the consumer's identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
<p>1. a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552</p> <p>b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act.</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Financial Protection (OCFP) Division of Consumer Compliance Policy and Outreach 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</p>
<p>4. Creditors Subject to the Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423</p>
<p>5. Creditors Subject to the Packers and Stockyards Act, 1921</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., Suite 8200 Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>