



BOZRAH VOLUNTEER FIRE CO., INC

239 Fitchville Road – PO Box 2 - Bozrah, CT 06334

860-887-9474

APPLICATION FOR MEMBERSHIP

The applicant must live in a town that borders the Town of Bozrah. Upon acceptance, the applicant must serve a probationary period of at least three (3) months and no more than twelve (12) months. Upon successful completion of this period, the applicant may then be accepted as an active member.

PERSONAL INFORMATION		DATE:
Name:		DOB:
Street Address:		
Town:	State:	Zip:
Phone:	Email:	
Are you either a U.S. Citizen or an alien authorized to work in the United States? ☐ Yes ☐ No		

Criminal History
Have you been convicted of a felony or been incarcerated with a felony in the past seven years? ☐ Yes ☐ No
If yes, explain:
Have you been convicted of a misdemeanor, driving under the influence, simple assault, minor traffic violations, affray or disturbance of the peace within the past five years? ☐ Yes ☐ No
If yes, explain:
Have you had any motor vehicle accidents or been convicted more than once for any motor vehicle violations (except minor violations) within the past 5 years? ☐ Yes ☐ No
If yes, explain:

Bozrah Fire and EMS – Division Desired	Volunteer Experience:
☐ Fire Division	
☐ EMS Division ☐ Fire Police Division	

GENERAL	
Have you previously been a member of a fire department? ☐ Yes ☐ No If yes, complete the following:	
Name of Department:	Dept. Contact:
Please indicate certifications and/or licenses held: ☐ FF I ☐ FF II ☐ FSI I ☐ FSI II ☐ FO I ☐ FO II	
☐ FO III ☐ EMR ☐ EMT ☐ Paramedic	EMS License Number: Exp. Date:
U.S. Military Service: ☐ Yes ☐ No	☐ Active ☐ Retired Branch:

References: <i>Give names of three people not related to you</i>		
Name	Address	Phone

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that if accepted as a volunteer, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to provide you with any pertinent information they may have, and release all parties from all liability for any damage that may result from furnishing the same to you.

Signature: _____ Date: _____

The Bozrah Volunteer Fire Company, Inc. is an equal opportunity employer and does not discriminate based on any characteristic protected by applicable federal, state, or local law. Reasonable accommodations will be provided to qualified applicants and employees as required by law.

Do Not Write Below this Line

Application Received By:	Date:
Remarks:	
Place on Probation: ☐ Yes ☐ No	Date:
☐ Background Check Clearance Form	☐ Medical Clearance Form



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AUTHORIZATION FOR BACKGROUND INVESTIGATION

I hereby authorize the **Bozrah Volunteer Fire Company, Inc.** to contact and obtain information from current and former employers, educational institutions, governmental or municipal agencies, law enforcement agencies, references, and other persons or organizations, as permitted by law, to evaluate my qualifications for membership and/or employment.

Such inquiries may include, as permitted by applicable federal and state law, verification of employment and education, driving records, criminal history, references, and other information reasonably related to my qualifications for the position or membership I am applying for.

I authorize, without reservation, any person, employer, institution, agency, or organization contacted by the **Bozrah Volunteer Fire Company, Inc.**, to provide information that may lawfully be disclosed in connection with this investigation.

I release and hold harmless the **Bozrah Volunteer Fire Company, Inc.**, and any persons or organizations providing information in good faith and in accordance with applicable law, from liability arising from the lawful disclosure, collection, or use of that information.

I understand that additional disclosures and authorizations may be required before the **Bozrah Volunteer Fire Company, Inc.** obtains a consumer report, an investigative consumer report, or other information regulated by federal or state law.

Applicate Signature: _____ Date: _____

Applicate Printed Name: _____



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www.bozrahfire.org

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: (Check all that apply)

Respirator/SCBA use	☐ Yes	☐ No
Interior Firefighting	☐ Yes	☐ No
Fire Ground Support	☐ Yes	☐ No
Fire Police	☐ Yes	☐ No
Fire Apparatus Operator	☐ Yes	☐ No
EMT/MRT	☐ Yes	☐ No

Physician/Examiner Statement

I have examined the above firefighter applicant on _____ and I am familiar with 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	☐ Yes	☐ No
Fire Ground Support	☐ Yes	☐ No
Fire Police	☐ Yes	☐ No
Fire Apparatus Operator	☐ Yes	☐ No
EMT/MRT	☐ Yes	☐ No

Physician Name: _____ Date: _____

Physician Signature: _____

Name of Practice: _____ Phone #: _____

Medical Examiner's Lic. or Cert. #: _____ Issuing ST: _____ Exp. Date: _____