

**BRANFORD FIRE DEPARTMENT
45 NORTH MAIN ST.
BRANFORD, CT 06405
PHONE: (203)488-7266
FAX: (203)315-2249
WWW.BRANFORDFIRE.COM**

VOLUNTEER MEMBERSHIP APPLICATION

CO.1, CO.2, CO.4, CO.5, CO.9, RESCUE 1, FIRE POLICE

MEMBERSHIP QUALIFICATION

New Firefighters (both and Active Probationary membership) must serve a probationary period of six months in order to be considered for regular membership to the Branford Fire Department.

Specific requirements for probationary membership are as follows:

1. Must be at least 16 years of age for cadet membership, or at least 18 years of age for Active Membership.*
2. United States Citizenship or Legal Alien.
3. Applicants must authorize in writing, to the Branford Fire Department to conduct a background investigation to include to following information:
 - a. Police and Criminal records.
 - b. Character references

The process leading to probationary membership will consist of the following:

1. Completed application be submitted as directed.
2. Interview by the Company Officers.
3. Vote of General Membership. (Simple Majority)
4. Appointment will be made by the Chief upon recommendations of the Company Officers.

* Individual Company by-laws dictate membership status. (i.e. associate, social, active, etc.) Applicant is responsible for initiation fees as well as yearly dues which apply to the individual fire companies.

APPLICATION FOR PROBATIONARY MEMBERSHIP

INSTRUCTIONS:

Type or print, in ink, answers to **all** questions.
All information will be retained on a confidential basis.

All statements are subject to verification. Incorrect statements may bar or remove you from membership.

Be **complete** and **accurate**.

The following information **must** accompany this application:

1. Copy of letter from parent/guardian if under the age of 18 years.
2. All parts of this application completed in its entirety.

This application must be returned to the Branford Fire Department office of the Chief, 45 North Main Street, Branford, CT 06405. Attention: Membership request.

You will be notified via mail or telephone of you eligibility for membership.

CRIMINAL HISTORY:

Have you ever been convicted of a felony? _____

If yes, please explain details.

REFERENCES:

Fill in the names of three (3) persons not related to you; who you have known for a substantial period, preferably more than five years. All persons to whom you refer will be asked to appraise your character, ability, personality and other qualities. References must be at least twenty-one (21) years of age.

NAME: _____

ADDRESS: _____

OCCUPATION: _____

HOME PHONE: _____ BUSINESS PHONE: _____

NAME: _____

ADDRESS: _____

OCCUPATION: _____

HOME PHONE: _____ BUSINESS PHONE: _____

NAME: _____

ADDRESS: _____

OCCUPATION: _____

HOME PHONE: _____ BUSINESS PHONE: _____

Have you previously filed an application for the Branford Fire Department?

If yes, please give approximate date: _____

Briefly, why do you want to become a Volunteer Firefighter for the town of Branford?

Are you 18 years of age or older? _____

I hereby certify that all statements in this questionnaire are true and complete, and understand that any mis-statement of material facts will subject me to disqualification or dismissal, or bar me from further participation in the membership examination process. I understand that a background investigation may be conducted with local law officials.

APPLICANTS SIGNATURE IN FULL

DATE

If applicant is under 18 years of age, parent or guardian must submit letter authorizing membership, with signature. Parent or guardian must accompany applicant during oral interview with membership commission.

APPROVED/DISAPPROVED _____
COMPANY OFFICER DATE

APPROVED/DISAPPROVED _____
CHIEF OF DEPARTMENT DATE