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 the 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.
BASIC INFORMATION

NAME:  ________________________________________________________________

                              LAST   FIRST     MIDDLE INITIAL

ADDRESS:  _____________________________________________________________

                                       STREET NUMBER   STREET   UNIT/APT NUMBER

                                       TOWN     STATE   ZIP CODE

TELEPHONE NUMBERS:   _____________________________//_______________________________

                                       AREA CODE   HOME NUMBER            AREA CODE   MOBILE NUMBER

EMAIL ADDRESS:  ________________________________________________________

WORK ADDRESS:  _____________________________________________________________

                                       STREET NUMBER   STREET

                                       TOWN     STATE   ZIP CODE

WORK PHONE:  _____________________________

                                       AREA CODE   TELEPHONE NUMBER

DATE OF BIRTH:  _____________________________________________________________

BRANFORD RESIDENT DATE:  ___________________________________________________

CONTACT IN CASE OF EMERGENCY:  ____________________________________________

                                       NAME     TELEPHONE NUMBER
**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