



# Coventry Volunteer Fire Assoc. Inc.

P.O. Box 1 - 1755 Main Street  
Coventry, Connecticut 06238

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LIVES



## APPLICATION FOR MEMBERSHIP

CVFA requires that each applicant accurately complete this application by answering all questions. Print or type all entries. Please attach any additional paper if needed for more information.

Date of Application: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Acceptance into Membership: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Years at Address: \_\_\_\_\_

Telephone Number: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_ (P) \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number: \_\_\_\_/\_\_\_\_/\_\_\_\_

Former Address: \_\_\_\_\_

Married: Y N Spouse's Name: \_\_\_\_\_

Sex: M F Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Hours: \_\_\_\_\_

Do you possess a valid driver's license? Y N

Any restrictions? \_\_\_\_\_

Operator Number: \_\_\_\_\_ State: \_\_\_\_\_ Class: \_\_\_\_\_

List any types of violations (if any) and dates within the past 2 years: \_\_\_\_\_

Have you ever been treated for a mental disorder? Y N

Do you use illegal substances? Y N

Alcoholic Beverages in excess? Y N

Have you ever been convicted or plead guilty to a felony, misdemeanor, insurance fraud, arson or a reduction of one of these offenses? Y N

If yes, please give details: (please use additional paper if necessary) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any physical or chronic disabilities? Y N

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Can you attend at least 50% of the Association meetings held on the 2<sup>nd</sup> Sunday of each month? Y N

Can you attend at least 2 Drills a month held on Wednesday evening and/or Friday morning? Y N

Do you plan on being a: (please circle)

Firefighter, EMS, or Auxiliary

Have you been a member of this or any other Fire or Ambulance Service? Y N

If yes, please list: (please use additional paper if necessary)

Department: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Dates of Membership: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Description of service performed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reasons for leaving: (please use additional paper if necessary) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any training in first Aid? Y N (If yes, please specify. Use additional paper

If necessary) \_\_\_\_\_  
\_\_\_\_\_

Do you have any training in Fire Fighting? Y N (if yes, please specify. Use additional

Paper if necessary) \_\_\_\_\_  
\_\_\_\_\_

Please attach copies of any certifications/ training that you may have had and include any training that you feel may be beneficial to the department.

Why do you want to join the Coventry Volunteer Fire Association, Incorporated?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PERSONAL REFERENCES:**

1.) Name: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
May we contact this reference? Y N

2.) Name: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
May we contact this reference? Y N

3.) Name: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
May we contact this reference? Y N

4.) Name: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
May we contact this reference? Y N

**EMERGENCY CONTACTS:**

Daytime:  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Telephone Number: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_ (P) \_\_\_\_\_

Evening/Nights:  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Telephone Number: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_ (P) \_\_\_\_\_

Do you have any medical conditions or allergies we should be aware of? Y N  
(If yes, please explain)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CERTIFICATION & AGREEMENT

**This statement must be signed. Please read the following statement carefully before signing.**

I hereby certify that the facts set forth in the above CVFA Application are true and complete to the best of my knowledge, and I have not intentionally omitted any information. I further certify that there are no willful misrepresentations or falsifications of the above statements and answers to questions. If an investigation discloses such misrepresentations, omissions, and/ or falsifications, my application could be rejected, and I could be disqualified from ever providing volunteer services with CVFA in the future.

CVFA is hereby authorized to make investigation of my criminal history, driving record, and/ or employment history. I hereby authorize CVFA, if required, to process my fingerprints.

I understand that if my application is accepted, I agree to abide by all the rules and regulations of the CVFA and those set forth in both the by-laws and the SOG's of the Department. I understand that a false statement is grounds for rejection or immediate dismissal.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed name of Applicant

\_\_\_\_\_  
Signature of Parent (if applicant in under 18)

\_\_\_\_\_  
Printed name of Parent

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

Dues are payable each June