

Deep River Fire Department

Organized 1896

Deep River, Connecticut 06417

Thank you for your interest in becoming a Deep River Volunteer Firefighter. Below are details on how our application process works.

Either mail or drop off your Membership Application and Firefighter Medical Clearance Form to Fire Headquarters. Your application will be reviewed by our Investigating Committee and then presented at our next monthly Department meeting, held the first Wednesday of each month.

Upon acceptance of a favorable 2/3 vote of the regular members present you will be placed on six months probation. During your probationary period you are encouraged to participate in all Department drills, calls, meetings and functions. Our drill nights are Wednesdays evenings at 6:30pm. Also during this period you are **extremely** encouraged to enroll in a State of Connecticut Firefighter I training class. These classes are usually taught at shoreline area fire departments throughout the year by state certified instructors. Class times vary, but are normally two nights a week and two or three weekend days for the practical evolutions. The Department will fully reimburse any member upon completion and passing of any firefighting related classes or training courses.

Probationary members may:

1. Ride in the cabs of any apparatus (but not in the jump seats), for calls in Deep River, as long as a regular member is not available to fill that space.
2. Not ride in apparatus answering Mutual Aid calls,
3. Not act as an Interior Structural Firefighter.

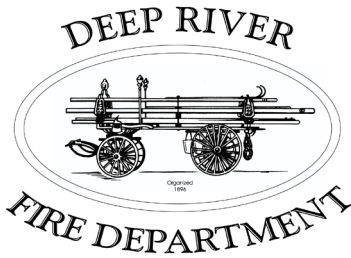
These restrictions may be rescinded, on a call by call basis, when authorized by a Chief Officer.

After you six months probation, at a monthly meeting, you will be voted on by a favorable 2/3 vote of the regular members present and become a regular member of our Department.

We look forward to the successful completion of your application process and hope you will enjoy an important and rewarding role as a volunteer firefighter for the town of Deep River.

Sincerely,

The Officers & Members of the Deep River Fire Department



Application for Membership

Any person residing in the town of Deep River, and a citizen of the United States, having lived in said town for six (6) consecutive months or more, having attained the age of eighteen (18) years, (high school students ineligible) being of good moral character, physically and mentally capable, shall be eligible for membership in this Fire Department.

Please answer all questions and print clearly.

Name & Address:

Last: _____ First: _____ Middle: _____

Address: _____, Deep River, CT 06417 Home Phone #: _____

How long at present address: _____ If less than 10 years, please list previous address. Date of Birth: ____ / ____ / ____

Previous Address: _____, _____, _____

Social Security #: _____ - _____ - _____ CT Drivers License # _____ Class: _____

Are you a U.S Citizen: Yes No Martial Status: Single Married Divorced

Spouses Name: _____ Maiden Name: _____

Military Service: Yes No Branch: _____ Length of Service: _____ Type of Discharge: _____

Employment History:

Present Employer: _____ Position: _____

Phone #: _____ Address: _____, _____ Length of Employment: _____

Former Employer(s) (past 5 years):

_____, _____ Reason for Leaving: _____

_____, _____ Reason for Leaving: _____

_____, _____ Reason for Leaving: _____

If more room is needed, please use separate sheet of paper.

Criminal History:

Traffic Violations: Yes No If Yes, Please Explain: _____

Criminal Convictions: Yes No If Yes, Please Explain: _____

Previous Firefighting Experience:

Are you currently a member of another fire department: Yes No

If yes, name and city of department: _____, _____ Rank: _____

Past member of another fire department(s): Yes No

If yes, name and city of department: _____, _____ Rank: _____

Reason for leaving: _____

Are you a member of any other organizations: Yes No

If yes, please explain: _____

Do you have any specialized training or schooling: Yes No

If yes, please attach copies of certificates.

Firefighter Medical Clearance Form:

The Firefighter Medical Clearance Form must be completed by your primary physician and attached when you submit your application. Not doing so will only delay the application process.

Consent & Release:

I hereby apply for membership to the Deep River Fire Department Incorporated. I certify the answers to the questions above are true to the best of my knowledge. The Connecticut State Police (C.S.P.) may be asked to conduct a background check for possible traffic and/or criminal violations. Any and all information received from C.S.P. or any other police organization will be held in strict confidence by the Deep River Fire Department, Incorporated.

If elected, I hereby agree to abide by the By-Laws, Standard Operations Guidelines (S.O.G.s) and any other rules and regulations set forth by the Deep River Fire Department, Incorporated.

Signed: _____ Date: ____/____/____

Recommended by: _____ Signed: _____

For Internal Use Only

Investigating Committee:

Favorable: Yes No

Date: ____/____/____

Membership Vote: Accept Reject

Date: ____/____/____

Termination of Membership:

Effective Date: ____/____/____ Reason for Termination: _____

Time Served: Years ____ Months ____

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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:

Respirator/SCBA Use	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Interior firefighting	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Fire ground support	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Fire Police	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Fire apparatus operator	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Physician/Examiner Statement

I have examined the above firefighter applicant on _____ and am familiar with the 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	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Fire ground support	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Fire Police	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Fire apparatus operator	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Physician Name: _____ Date: _____

Physician Signature: _____

Name of Practice: _____ Phone #: _____

Medical Examiner's License or Certificate #: _____ Issuing State: _____

Expiration Date: _____

05/08