

Cornwall Volunteer Fire Department Application

Application Date: _____

Name: _____
 Street Address _____
 Mailing Address _____
 Town, State, Zip _____
 Telephone _____
 Email Address _____
 License #, exp date and state of issue _____

Check all that apply:	Prior Fire Department experience: Yes No (circle one)	
<input type="checkbox"/> Interested in Fire <input type="checkbox"/> EMS <input type="checkbox"/> Fire Police <input type="checkbox"/> Department Support <input type="checkbox"/> Junior	Town/Department	Chief's name & phone #

History _____
 Current Occupation and Employer _____
 High School _____
 College _____
 Military _____
 Any other special training _____

References: (Please list name, phone number, relationship for each reference)

Fire Department Sponsor: _____

Community Reference: _____

Work Reference: _____

For Students – Teacher Reference: _____

Medical:
Medical Conditions, Physical Disabilities. (Note annual physicals are required) _____

Our organization is one in which integrity is paramount. Our reputation is directly related to the code of conduct displayed by each of our members. Our members deal directly with the public and it is important that they be concerned for the safety and welfare of the public at all times. Therefore, please be aware that we will thoroughly scrutinize the information that you provide on the membership application. We do this in an effort to provide the citizens of the Town of Cornwall with individuals who will uphold the excellent reputation of the Cornwall Fire Department. Please initial each of the following paragraphs and sign below.

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my service and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any documents used to secure my services shall be grounds for rejection of this application.

_____ I hereby authorize the Cornwall Volunteer Fire Department to thoroughly investigate my references, work record, education and other matters related to my suitability for service and further, authorize the references I have listed to disclose to the department any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the department, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigations or disclosure.

_____ I understand that nothing contained in the application, or conveyed during any interview which may be granted, or during my service if selected, is intended to create a service contract between me and the Cornwall Volunteer Fire Department.

Signature of applicant: _____ Date: _____

After receipt of the application, the applicant will be presented at the next monthly meeting. Following that meeting and a reference check, an interview with the applicant will be scheduled with the Standing Committee. If the application is approved by the Standing Committee, the membership will vote on the applicant's membership at a subsequent meeting. This process can take up to two months.