



P.O BOX 85, CHARLOTTE, VERMONT 05445-0085  
BUSINESS (802)-425-3111 - FAX (802) 425-3115

### NEW MEMBER APPLICATION

Corporate:  Committee  Fund Raising

Fire:  Volunteer  Per Diem  Junior

Rescue:  Volunteer  Per Diem  Full Time

What Positions are you interested in (check all that apply):

**Fire**

- Driver/Engineer
- Interior Fire Fighter
- Exterior Fire Fighter
- Technical Rescue

**Rescue**

- Driver
- EMT-B
- EMT-I
- EMT-A
- Paramedic

Other (Explain): \_\_\_\_\_

### Biographical Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Past Name(s): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

### EDUCATION

High School: \_\_\_\_\_ Grade Completed: \_\_\_\_\_

City, State: \_\_\_\_\_

College: \_\_\_\_\_ Grade Completed: \_\_\_\_\_

City, State: \_\_\_\_\_ Major: \_\_\_\_\_

Degree Obtained:  Yes  No

College: \_\_\_\_\_ Grade Completed: \_\_\_\_\_

City, State: \_\_\_\_\_ Major: \_\_\_\_\_

Degree Obtained:  Yes  No

Technical Institute or other Advanced Training: \_\_\_\_\_

City, State: \_\_\_\_\_

Degree or Certificate Obtained:  Yes  No

Employment - Please list employers for the previous 7 years. If you need more room, please attach additional sheets with the information below.

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

City, State: \_\_\_\_\_ Phone: \_\_\_\_\_

Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates employed: From \_\_\_\_\_ To \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact:  Yes  No

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

City, State: \_\_\_\_\_ Phone: \_\_\_\_\_

Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates employed: From \_\_\_\_\_ To \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact:  Yes  No

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

City, State: \_\_\_\_\_ Phone: \_\_\_\_\_

Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates employed: From \_\_\_\_\_ To \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact:  Yes  No

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

City, State: \_\_\_\_\_ Phone: \_\_\_\_\_

Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates employed: From \_\_\_\_\_ To \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact:  Yes  No

Company: \_\_\_\_\_ Address: \_\_\_\_\_  
City, State: \_\_\_\_\_ Phone: \_\_\_\_\_  
Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Dates employed: From \_\_\_\_\_ To \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
May we contact:  Yes  No

Previous Affiliation (Fire/EMS)- If you need more room, please attach additional sheets with the information below.

Fire Department  EMS  
Service Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State: \_\_\_\_\_  
Positions Held: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_  Volunteer  Paid  
Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_  
Can we contact:  Yes  No

Fire Department  EMS  
Service Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State: \_\_\_\_\_  
Positions Held: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_  Volunteer  Paid  
Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_  
Can we contact:  Yes  No

**Current Certifications - Check all that apply.  
(Please attach copies):**

**Fire**

- FF1
  - FF2
  - Ice Rescue
  - High Angle Rope
  - Low Angle Rope
  - Backcountry
  - Swift water
  - Water Rescue
  - Other (Please List): \_\_\_\_\_
- 
- 

**Rescue**

- ECA
- EMT-B
- EMT-I
- EMT-A
- Paramedic
- CPR

**Personal References**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City/State:** \_\_\_\_\_  
**Relationship:** \_\_\_\_\_ **email:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City/State:** \_\_\_\_\_  
**Relationship:** \_\_\_\_\_ **email:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City/State:** \_\_\_\_\_  
**Relationship:** \_\_\_\_\_ **email:** \_\_\_\_\_

**Do you know any members of CVFRS Inc.**  Yes  No

**Name(s):** \_\_\_\_\_

## Personal History

Have you ever been convicted of a criminal offense (Domestic assault, retail theft, bad checks, etc.)?

Yes (Explain): \_\_\_\_\_  
 No

Have you been convicted of any traffic offense in the last 5 years (speeding, running a stop sign, etc.)?

Yes (Explain): \_\_\_\_\_  
 No

Do you have the legal right to work in the United States?

Yes  No

Drivers License number/state: \_\_\_\_\_

Expiration: \_\_\_\_\_

Are you below the age of 18:  Yes  No

I understand that the Immigration Reform and Control Act of November 6, 1986 requires me to prove the legality of my residency or citizenship. I am also aware that failure to provide such proof at the time of request may legally force my termination.

I understand

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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To the best of my knowledge, the information contained on this application is true. I understand that the information contained in this application will be kept confidential. I also understand that nothing contained in this application or in the granting of an interview is intended to create a contract between Charlotte Volunteer Fire and Rescue Services Inc. and me for membership, employment, or the provision of benefits. I further understand that if I am voted in as a member of Charlotte Volunteer Fire and Rescue Services Inc., I will have the right to terminate my membership at any time and Charlotte Volunteer Fire and Rescue Services Inc. will have a similar right.

I understand

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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**Charlotte Volunteer Fire and Rescue Services Inc.  
Information Release.**

I hereby authorize representatives of the Charlotte Volunteer Fire and Rescue Services Inc. bearing this release or a copy thereof, within fire (5) years of its date, to obtain any and all information relating to my past history and activities. I understand that this may include, but not be limited to; personal history, residency, military service, job performance and attendance, disciplinary actions, conviction records, and driving records.

I further understand that my academic background will be subject to investigation including: academic qualification, graduation, certification and licensing. It is my understanding that Charlotte Volunteer Fire and Rescue Services Inc. may conduct an investigation of my work history and will verify all dates given in this application for membership. I release from liability any individual or organization giving or receiving any such information.

I understand that any material misrepresentation or deliberate omission of fact in this application may be justification for refusal of, or if a member, termination from membership. I also understand that may prevent my being accepted as a member of, or if a member, may result in my immediate dismissal from Charlotte Volunteer Fire and Rescue Services Inc.

I understand, please initial \_\_\_\_\_

(Please sign in front of Notary Public)

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (Needed for criminal history, as well as driver's license check.)

Notary Public Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Expiration of Notary: \_\_\_\_\_