

Barkhamsted Fire District Joint Application for Membership

Barkhamsted East Fire Department
Pleasant Valley Fire Department
Riverton Fire Department

I hereby make application for membership in the _____
Fire Department, and if accepted, agree to abide by all the policies and procedures of this fire
department and the Barkhamsted Fire District as a (check one): ___ Firefighter;
___ Fire/Police; ___ Driver; ___ Rescue; ___ Associate/Auxiliary; ___ Junior.

Full Name: _____ DOB: _____

Home Address:

Street: _____ Mail: _____

City: _____ State : _____ Zip: _____

Phone Home: _____ Work: _____ Cell: _____

Social Securiry #: _____ - _____ - _____ Occupation: _____

Employer: _____ Employer Phone: _____

Employer Address: _____

CT Driver License#: _____ Class: _____ CDL: Y or N ?

CT Driver License Endorsements: _____ Restrictions: _____

Previous fire fighting or related experience: _____

Do you have any physical or personal conditions which would limit you from serving actively
as a member(type indicated above) of the fire department: Y: _____ N: _____
In case of an emergency who should the department notify? _____

I certify that all of the above information is true to the best of my knowledge:

Applicant's Signature: _____ Date: _____

If you are 14-18 years old, signature of parent or guardian: _____

For application to the PVFD- membership dues are paid with the application, amount? _____
For application to all departments- this application is contingent upon a positive vote of the
department membership and the successful passage and completion of the attached
Barkhamsted Fire District Information & Equipment checklist and related forms.

Barkhamsted Fire District – Information & Equipment Check List

All applicants for membership in one of the three Barkhamsted Fire District fire departments (Barkhamsted East, Pleasant Valley & Riverton) are required to fully complete the following items and have this form signed by their Chief or designee. Until this list is complete, you are **not** allowed to participate in training, drills or to respond to ANY calls. Note, applicants for associate or auxiliary membership do not need to take any medical tests.

MEDICAL TESTS

All applicants have to successfully pass the following medical tests as indicated:

1. An initial physical is to be performed by Occupational Health. Appointments are to be made by calling 482-4552. They are located at 333 Kennedy Drive, Suite 202, Torrington, CT.

Physicals will consist of the following:

All fire personnel - a physical exam, urinalysis, drug tests, TB tine test (to be read and approved 2 days later) and, for those 40 years of age or older, an EKG test.

Interior firefighters - in addition to the above, a pulmonary function test.

Junior firefighters - same as all fire personnel above with the pulmonary function test being optional

The results of physical tests will be sent directly to the Chairperson of the BFD Health and Safety Committee; who will then share the results with the appropriate Chief officer. Physicals results can take as long as 10 business days to be completed.

2. Proof of completion of the Hepatitis B series must be supplied OR the attached declination form must be completed and signed by the applicant. If the applicant has not had the series & has not declined to have the series then the applicant is required to have the first shot at the physical. It is the applicant's responsibility to make and keep the next two appointments to complete the three shot series. If the applicant should sign the attached Declination form and then changes his/her mind at a later date, then the series can be completed and the District will cover the cost. If the applicant has had the series and has proof of such, then the applicant is required to get a Titer test to see if the series is still good.

_____ Declination form signed?

_____ Previously had series? _____ signed off by doctor? _____ positive _____ negative

Started Series: first date: _____ second date: _____ third date: _____ **OK? Initials: _____**

BENEFICIARY FORMS

The attached beneficiary forms for both VFIS and the District Firefighter Award program must be completed and signed returned to the Chief officer. **OK? Initials: _____**

INFORMATION AND EQUIPMENT

The attached checklist for information and equipment must be completed and signed. **OK? Initials: _____**

DRIVER'S LICENSE

Attach a photo copy (front & back) of the applicants driver's license to this application. **OK? Initials: _____**

BACKGROUND CHECK

Completion of successful background check by the resident State Trooper. **OK? Initials: _____**

PROBATIONARY PERIOD

Depending on the department's policy, there is a probationary period of 6 to 12 months within which you maybe rejected for membership as outlined in the individual department's by-laws.

APPROVAL

To the best of my knowledge, the above requirements have been successfully completed.

Applicant's Signature: _____ Printed Name: _____ Date: _____

Fire Chief's Approval of the Applicant's Membership in (Dept Name): _____

Fire Chief's or Designee's Signature: _____ Date: _____

Barkhamsted Fire District – Information & Equipment Check List

Department bylaws: _____ Initials: _____
District policies: _____ Initials: _____
Pager: _____ Initials: _____ Serial #: _____
Door code: _____ Initials: _____
Pants: _____ Initials: _____ Serial #: _____
Jacket: _____ Initials: _____ Serial #: _____
Boots: _____ Initials: _____
Gloves: _____ Initials: _____
Helmet: _____ Initials: _____
Hood: _____ Initials: _____
Gear bag: _____ Initials: _____
Parade uniform: _____ Initials: _____
Badge: _____ Initials: _____
Fire Police: Reflective vest: _____ Initials: _____
Fire Police: Whistle: _____ Initials: _____
Fire Police: Hard hat: _____ Initials: _____
Fire Police: Flashlight and cone: _____ Initials: _____
Portable radio: _____ Initials: _____ Serial #: _____

I certify receipt of the above information and equipment. I agree to exercise reasonable care for the above items and to immediately (within 24 hours) notify an officer in the event any of the above is damaged. I agree to return all the above equipment upon my departure from the department and acknowledge the department's ownership of all this equipment.

Your signature _____ Date _____
Print your name: _____