

**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 current district or individual medical provider. The current district medical provider is St Francis ?????

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: \_\_\_\_\_