

WAREHOUSE POINT FIRE DEPARTMENT  
89 BRIDGE STREET  
EAST WINDSOR, CT. 06088

APPLICATION FOR MEMBERSHIP

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ AGE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ BIRTH PLACE \_\_\_\_\_

PHONE NUMBERS (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

ARE YOU A CITIZEN OF THE UNITED STATES?    YES    NO

OCCUPATION \_\_\_\_\_

PLACE OF EMPLOYEMENT WITH ADRESS AND PHONE INFORMATION \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

DO YOU HAVE ANY PREVIOUS FIRE FIGHTING EXPERIENCE \_\_\_\_\_

IF SO WHERE \_\_\_\_\_

CONTACT INFORMATION FOR DEPARTMENT \_\_\_\_\_

DRIVERS LICENSE INFORMATION (OPERATOR NUMBER) \_\_\_\_\_ (CLASS) \_\_\_\_\_

MOTOR VEHICLE VIOLATIONS DURING THE LAST THREE YEARS? \_\_\_\_\_

HAVE YOU EVER BEEN ARRESTED OR CONVICTED OF ANY CRIME ?    YES    NO

IF SO GIVE DETAILS \_\_\_\_\_

ARE YOU WILLING TO FOLLOW DIRECTIONS?    YES    NO

ARE YOU WILLING TO ATTEND TRAINING SESSIONS?    YES    NO

ARE YOU WILLING TO ATTEND FUND RAISING EVENTS?    YES    NO

ARE YOU WILLING TO ATTEND SOCIAL FUNCTIONS?    YES    NO

LIST ANY KNOWN DISABILITIES \_\_\_\_\_

\_\_\_\_\_

WHY DO YOU WANT TO JOIN WHPFD? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CERTIFICATION, AUTHORIZATION, AND RELEASE

I understand that membership with the WHPFD, if so offered, is contingent upon me passing a physical exam, and providing additional information for record purposes. In addition, my membership is terminable at will, and I will comply with, and be governed by, all WHPFD published policies and procedures as may be in effect from time to time.

I certify that the information given by me in this application is correct, and I understand and agree that consideration of this application for membership with the WHPFD maybe discontinued if material misrepresentation or omissions are found to have been made.

I authorize investigation of data given by me on this membership application and to any and all information pertinent to my membership of the WHPFD and here by release those providing such information from any liability for doing so.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

SPONSORED BY \_\_\_\_\_ DATE \_\_\_\_\_

SPONSORED BY \_\_\_\_\_ DATE \_\_\_\_\_

\_\_\_\_\_  
SCREENING COMMITTEE

SOCIAL OFFICERS \_\_\_\_\_

LINE OFFICERS \_\_\_\_\_

DATE \_\_\_\_\_ RECOMMENDED      NON-RECOMMENDATION

REASON \_\_\_\_\_  
\_\_\_\_\_