



Brookfield Volunteer Fire Co., Inc.

92 Pocono Rd P.O. Box 5111, Brookfield Ct 06804-5111

Membership application

Fire _____ Fire/EMS _____ EMS _____

Name: _____ Date of Birth _____

Home Address: _____

Previous address: _____

Home Phone: _____ Cell Phone: _____ Cell Carrier _____ Sex _____

Marital Status: _____ Email _____ Social Security # _____

Spouse's name _____

Emergency contact

Name _____ Phone _____

Cell phone _____ Email _____

Preferred method of contact: Mail _____ Email _____ Mailbox at Firehouse _____

Are you a citizen of the United States: Yes / No If no what is your status _____

Do you have any military service? Yes /No if Yes, What branch _____ Type of Discharge _____

High school Graduate. Yes / No. College graduate. Yes / No

High School name: _____ College name: _____

Employer: _____ Work

Phone: _____

Prior Firefighter/EMS
Experience: _____

Prior Firefighter /EMS Name and contact
info: _____

Have you ever received a "traffic violation" in past 36 months? Yes / No, If yes
explain _____

Have you ever been arrested? Yes / No If yes,
Explain _____

Have you ever been Convicted? Yes/ No If Yes,
Explain _____

Are you subject to a restraining order: Yes / No If yes: Explain _____

Are you on any sex offender registry: Yes / No If yes Explain _____

Drivers License # _____ State _____

Please provide three references: Name and contact

1. _____

2. _____

3. _____

If you know any members of the Brookfield Volunteer Fire Co. Please list them.

Additional area to explain any information

Social Media names: _____

I hereby make application for membership in the Brookfield Volunteer Fire Company, Inc, with the full knowledge and understanding of the following:

1. The Brookfield Volunteer Fire Company is not a social club.
2. The commitment of my personal time and effort to be a active member.
3. That I will adhere to the Company's By Laws, constitution, procedures, and officer's instructions.
4. That I have no know medical or mental restrictions, which will impair my ability to perform as an active firefighter or EMS worker.
5. That I must pass a complete physical provided to me by the Company's physician.
6. That information provided by me on this application is true and correct to the best of my knowledge.
7. I am responsible for the Fire and or EMS turnout gear, SCBA, EMS equipment , pager/ radio
8. I consent to a State, National and DMV background check.

Date: _____ Signature: _____

*****Fire Company use only*****

Interviewed by 1. _____ 2. _____ 3. _____

Notes: _____

Google name check _____ Sex offender registry check _____