



Westport Volunteer Fire Department

APPLICATION FOR VOLUNTEER FIRE DEPARTMENT MEMBERSHIP

Personal Information

Name: _____

Current Address: _____

Home Phone: _____ Cell Phone: _____

Cell Phone Carrier: _____

E-Mail: _____

Driver's License Number: _____ State: _____

Height: _____ Weight: _____ Color Eyes: _____ Color Hair: _____

Are you at least 18 years of age? _____

Have you ever been a member of a Volunteer Fire Company? _____

If "Yes", name(s) of previous department(s): _____

Reason for leaving? _____

To your knowledge, do you have any physical or mental defects which would prevent you from **fully and safely** performing the duties of a volunteer firefighter? _____

Employer Information

Employer's Name: _____

Employer's Address: _____

Business Phone: _____ Supervisor's Name: _____

May we contact your employer? _____

Westport Volunteer Fire Department

Special Skills / Licenses / Certifications

Please list any additional skills and/or all certificates, documents, licenses, and professional designations that you have to indicate your particular area of expertise or training relative to volunteer services:

Emergency Contacts

Please provide at least one (1) emergency contact.

1.

Name	Phone Number	Relationship

Street Address	City	State	Zip Code

2.

Name	Phone Number	Relationship

Street Address	City	State	Zip Code

3.

Name	Phone Number	Relationship

Street Address	City	State	Zip Code

References

Name	Address/City/State	Phone Number

Name	Address/City/State	Phone Number

Westport Volunteer Fire Department

Applicant's Certification and Release

All written and expressed statements on this application are true to the best of my knowledge. I understand that falsification of information is grounds for disqualification. I authorize the Westport Volunteer Fire Department and any of its agents to verify any information on this application and I authorize release of such information. I release the Westport Volunteer Fire Department from any liability for seeking such information.

I agree to faithfully execute the duties of a volunteer firefighter and abide by the laws, regulations, procedures, policies, By-Laws of the Westport Volunteer Fire Department. I understand that this application is for a volunteer firefighter position where no vested interest employment is created. A volunteer firefighter is not an employee of the Westport Volunteer Fire Department, or the Town of Westport Island.

I, the applicant, solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the Constitution of the State of Maine against all enemies, foreign and domestic; and I will bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of Maine; that I take this obligation freely, without any mental reservation or promise of evasion; and that I will well and faithfully discharge the duties upon which I am about to enter.

By signing, you have agreed to the terms and conditions of this application.

Applicant Signature: _____

Application Completion Date: _____

WVFD Acceptance Date: _____

WVFD Officer Signature: _____

Westport Volunteer Fire Department

ALL VOLUNTEER FIREFIGHTERS WILL BE SUBJECT TO A CRIMINAL BACKGROUND CHECK

1. Are you currently on any form of Probation or Parole? _____
2. Have you ever been convicted of a felony or misdemeanor? _____
3. If you answered "Yes" to question 1-2, provide the following information:

DATE OF OFFENSE	CITY/STATE	CHARGE	SENTENCE
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The following questions only applies to Applicants whose volunteer service requires the use of a personal vehicle.

4. Has your driver's license ever been suspended or revoked? _____
If "Yes", please provide the details.

DATE OF OFFENSE	CITY/STATE	VIOLATION
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5. Are you minimally covered for auto liability insurance as required by the State of Maine? _____

By my signature below, I declare that all information provided on this document submitted to the Westport Volunteer Fire Department is true and correct. I understand that falsification of information is grounds for disqualification. I authorize the Westport Volunteer Fire Department and any of its agents to verify any information on this application and I authorize release of any such information. I release the Westport Volunteer Fire Department and the Town of Westport Island from any liability for seeking such information.

Applicant Signature

Date