

Membership Application

Name (first, middle, last): _____
Type of membership applying for: Regular Associate
Membership Membership
Mailing Address: _____ DOB: _____

Drivers License #: _____
Home Address: _____ Drivers License Class: A B D Q

State License issued in: _____
Home Phone #: _____
Cell Phone #: _____
Email Address: _____

Employed By: _____ Is it ok to contact your employer?
Employer Contact- Name: _____ YES or NO
Phone #: _____
Other References- Name: _____
Relation: _____
Phone #: _____

Any previous emergency service experience? YES or NO
Experience/Certifications: FF1 FF2
Others: _____
Fire Departments served in: _____

Per ARTICLE 5 Section 1 of the By-Laws of the Canaan Fire Company, applicants must be in good physical health, physically capable of performing assigned fire duty and not suffering from hypertension or heart disease.

***** EXAMINATION CERTIFICATE *****

_____, examined this date < _____, is in good physical health and physically capable of performing assigned fire duty and not suffering from hypertension or heart disease.

Physician's Signature: _____
Physician's Name: _____
Physician's license #: _____
Physician's Address: _____

**** This Examination Must Be Paid For By The Applicant ****

Continue application on back

Have you ever been CONVICTED of an offense against criminal or military law, or are there any criminal charges currently pending against you? (Exclude minor traffic violations or any offense settled in juvenile court or under a youth offender law.) _____

“I certify that the statements made by me on this application are true and complete to the best of my knowledge and are made in good faith. I understand that if I knowingly make any misstatement of fact, I am subject to disqualification and dismissal and to such other penalties as may be prescribed by law or personnel regulations. All statements and information on this application are subject to verification as a condition of membership.”

The Application Process:

ARTICLE 5

Section 1. Any person desiring to become a member of the Canaan Fire Company, Inc. must be at least eighteen (18) years of age, of good moral character, and in good physical health, physically capable of performing assigned fire duty and not suffering from hypertension or heart disease. All new applicants must pass a physical examination, which includes but is not limited to, a drug test, at the facility of our choice. Applicants are also subject to a background check, the results of which will be reviewed by the Board of Directors for final decision. No applicant shall be barred from membership in the corporation because of age, color, race, religion, creed, sex, sexual orientation, gender identity or expression, veteran status or national origin.

Section 2. Any regular member wishing to propose a person for membership may do so at any regular meeting by presenting to the Secretary a completed application. Accompanying this application will be an examination certificate from a qualified physician or a CDL medical card, indicating that the applicant is in good physical health, physically capable of performing assigned fire duty and does not have hypertension or heart disease. This examination shall be at the expense of the applicant. Applications will be available from any member.

Section 3. Each application for membership shall be presented to the Board of Directors by the secretary at the next Board of Directors meeting. The applicant’s sponsor will be present with the applicant at this Board of Directors meeting. The Board of Directors shall limit its investigation of said applicant to age, moral character and capability of performing assigned fire duty. Upon approval or disapproval by a majority vote of the Board of Directors, the secretary shall make a written report thereon to the corporation at its next regularly scheduled meeting. In the event of an unfavorable vote, the application shall be returned to the applicant by the applicant’s sponsor.

Signing below states that you read, understand, and agree to the application and the application process.

Applicant signature: _____

Date: _____

Sponsor signature: _____

Date: _____