

Hinesburg Volunteer Fire Department

P.O. Box 12, Hinesburg, VT 05461

Tel: 802-482-2455 E-Mail: info@hinesburgfd.org

Application for Membership -- Please Print

Date of Application _____ Applying for _____ Fire _____ E.M.S.

APPLICANT INFORMATION

Name (F,M,L) _____ Date of Birth _____

SSN Last 4 Digits _____ City/State of Birth _____ Country if not USA _____

Address _____ Home _____

_____ Work _____

E-Mail _____ Cell _____

Emergency Contact _____ Primary Number _____ Alternate _____

Driver's License: Number _____ State _____ Expiration _____

Please provide a copy of your driver's license.

Have you ever been convicted of a crime? ... **Yes ... No** | Have you ever been convicted of a felony? ... **Yes ... No**

Duties related to firefighting and EMS are often strenuous and stressful tasks. Do you have any medical conditions that could jeopardize the safety of yourself or fellow members?? ... **Yes ... No Specify** _____

Are you under an obligation to pay child support and not in good standing regarding child support? ... **Yes ... No**

Have you ever had any action taken against any professional license or certification that you have held in Vermont or elsewhere? ... **Yes ... No Specify** _____

If you have answered "Yes" to any of the above questions, please use the Comments section on back if more space needed.

PREVIOUS DEPARTMENT - Are you transferring from another department? If yes, please provide the following:

Department Name _____

Department personnel officer(s):

Name	Phone	Best time to Reach
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1. _____	_____	_____
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2. _____	_____	_____
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Reason for Leaving _____

FIRE/EMS EXPERIENCE – List any past or present firefighting / EMS certifications you have:

1. _____ Date _____

2. _____ Date _____

3. _____ Date _____

REFERENCES – Please list at least three references that you are not related to.

Name	Phone	Relationship	Best time to Reach
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1. _____	_____	_____	_____
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2. _____	_____	_____	_____
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3. _____	_____	_____	_____
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PLEASE READ AND SIGN THE BACK OF THIS APPLICATION

HINESBURG FIRE DEPARTMENT INFORMATION

The Hinesburg Fire Department (HFD) is a paid-on call professional fire department that responds to over 450 alarms a year. Our primary coverage area is Hinesburg and St. George. We provide mutual aid to our neighboring towns.

We meet for every Wednesday from 19:00 till 21:00:

- First Wednesday – Training
- Second Wednesday – Medical Training
- Third Wednesday – Business Meeting
- Fourth Wednesday – Training

It is expected that all members and prospective members attend as many meetings and drills as possible. While on probation all members must be excused for missing meetings and drills by the Chief or Officers of the department.

New applications are reviewed by a minimum of two officers. The officers will interview the candidate. A fire officer will contact references and process the application including required background checks.

The officers will approve or disapprove your application. If your application is approved, you will be assigned a Department Mentor. Your Mentor will contact you for a mandatory orientation meeting at the start of your three (3) month trial membership. During your trial membership, you can participate in drills under the supervision of the officers and members of HFD. This trial membership is designed to let you get a feel for what we do and give us a chance to meet you. You may not respond to alarms during your temporary membership.

At the conclusion of three months, the officers will review your performance for probationary membership. If you are approved, your probation will last for one full calendar year during which time you are considered an active member of HFD and may respond to alarms. Performance reviews will be conducted after six and twelve months. One year from when you are placed on probationary membership the officers will meet to discuss permanent membership.

Firefighter applicants must complete the County Rookie Course during their probationary membership. Emergency Medical Service applicants must complete an EMR (Emergency Medical Responder) or EMT course during their probationary membership. The course fees are paid by the applicant and are reimbursed in accordance with the Operating Guidelines.

Equipment is provided by HFD and remains the property of HFD.

Applicants under the age of 18 must have written approval of a parent/guardian.

I certify that all the information provided on this application is true. I give permission to the officers of the Hinesburg Fire and Police Departments to check my driving and criminal history record.

SIGNATURE _____ DATE _____

HFD USE ONLY

Date Appl. Received	Six Month Review	By
Officer Mtg/Orientation By	Twelve Month Review	By
Temp Membership Approved ... Yes ... No Date	Probationary End (projected)	
Probationary Start (projected)	Probationary End (actual)	
Probationary Start (actual)		

Comments: _____