



Stony Hill Volunteer Fire Company
59 Stony Hill Road Bethel, CT 06801
Phone: (203)778-7417 Fax: (203)798-7334

FIRE/EMS	<input type="checkbox"/>
EMS	<input type="checkbox"/>
ADMINISTRATIVE	<input type="checkbox"/>

Volunteer Membership Application

Name: _____
LAST FIRST MIDDLE INITIAL

Address: _____
NUMBER STREET UNIT/APT # TOWN

Date of Birth: _____

Telephone Numbers: _____ // _____
AREA CODE HOME NUMBER AREA CODE MOBILE NUMBER

Email Address: _____

Emergency Contact Info: _____
NAME TELEPHONE NUMBER RELATION

Employer: _____
NAME ADDRESS

TYPE OF WORK WEEKLY HOURS

PREVIOUS FIRE OR EMS EXPERIENCE

Previous Company: _____
NAME OF DEPT LOCATION

Length of Membership: _____
YEARS/MONTHS REASON FOR LEAVING

Certifications: _____

MILITARY SERVICE

Branch: _____ Rank: _____

Discharge: _____
TYPE DATE

Vehicle: _____
MAKE MODEL PLATE OWN?

Drivers License: _____
STATE NUMBER TYPE

Social Security Number: _____

Address History: List addresses and dates you lived there for the last 5 years

Have you ever applied and been denied membership to other Fire Departments and/or EMS Organizations? If yes, explain: _____

References:

NAME	ADDRESS	PHONE NUMBER
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I am willing to submit to a physical exam and a background investigation by the Connecticut State Police and Stony Hill Fire Department officers. If admitted, I will subscribe to the rules and regulations of the Stony Hill Fire Department and abide by the by-laws. I certify that all of my statements and information on this application are true and correct.

Date: _____ Signature _____

Officers Comments:
