

Allingtown Volunteer Fire Association, Inc.

P.O. Box 26484
West Haven, Connecticut 06516

Date: _____

Chief & Members:

I respectfully request admission to your Association as a/an Regular () Associate () member, and, in consideration of such admission. I promise and agree that if expected, I will conform to the Constitution and By-Laws of the Allingtown Volunteer Fire Association.

Please Print

Name: _____
 Last First Middle S/S#

Residence: _____
 YOU MUST BE A WEST HAVEN RESIDENT ONLY (EXCEPTION FOR UNH STUDENTS)

Telephone: _____ Date of Birth: _____

Age: _____ Birth Place: _____ U.S. Citizen: Y or N

Other Affiliations: _____

A.V. F. A. Vouchers: 1.) _____

2.) _____

MUST BE SIGNED BY GOOD STANDING MEMBERS, UNH STUDENTS HAVE THE FIRE SCIENCE DIRECTOR SIGN.

Length of time applicant is known by vouchers (1) _____ (2) _____

I hereby agree that Allingtown Volunteer Fire Association, Inc. shall have the right to fully investigate my record as to admission to said Fire Company, character and past life. Further, I waive such legal right, if any, that I may have and do release any and all persons or companies from all liabilities in connection with furnishing such information about me. Also when I become a Volunteer I am required to be certified at my expense as a Firefighter I and as a regular member so I could ride the apparatus.

Signature of Applicant: _____

If you are holding any certification, please make copies and hand them in with this application, also all UNH students. UNH STUDENTS must have a letter of recommendation from your Fire Company or the letter of expectance from UNH.

This application was received at a meeting, held: _____
And referred to the following committee: _____

West Haven, Connecticut, _____ 20_____
Having duly investigated the above said applicant to Active membership in this company

Date of swearing in the Association _____ / _____ / _____
Investigating Committee: _____

Questions for the Investigation Committee:

- 1.) Length Residence in West Haven: _____
- 2.) Do you belong to any other Fire Company: Yes or No- If “Yes,” for what company and for how long _____ and were you discharged from any company _____
- 3.) Have you ever served in the Armed Forces: Yes or No- If “Yes,” what branch? _____
_____. What type of discharge do you have? _____
- 4.) Have you ever been arrested and/or felony charge? Yes or No- If “Yes,” for what? _____
- 5.) Do you have any physical or mental handicaps? _____
APPLICANT UNDERSTANDS HERE HE OR SHE HAS TO GET A COMPLETE PHYSICAL
EXAM AT YOUR EXPENSE.
- 6.) Do you now have or have had any type of disease or illness which is considered contagious? _____
- 7.) Do you have a speech impediment? _____
- 8.) Do you have a learning disability? _____
- 9.) Do you have any problem with heights? _____
- 10.) Are you able to work under severe stress conditions? _____

11.) What are your reasons for joining this Volunteer Company? _____

12.) Do you have any Hobbies? _____

LIST THREE PERSONS ONLY: (Not Relatives) whom we may contact for references.

1.) _____
NAME ADDRESS PHONE HOW LONG

2.) _____
NAME ADDRESS PHONE HOW LONG

3.) _____
NAME ADDRESS PHONE HOW LONG

Please take notice that we don't supply UNH students with Firefighter gear for firefighting; you must have your own. Regular members don't get gear until they are certified FF I and will be issued on the financial status of the Association.

I fully understand all the above information and conditions and what are expected of me.

Signature of Applicant: _____