

Application for Volunteer Firefighter



250 Maple Ave. Cheshire, CT 06410

203-272-1828

www.cheshirefd.org



CHESHIRE FIRE DEPARTMENT VOLUNTEER FIREFIGHTER

Please read all instructions carefully. Fill out this application completely, accurately and legibly.

All statements in this application are subject to verification.

Any applicant giving false information will be subject to disqualification.

Failure to provide all information requested may delay the application process.

All information provided will be held in the strictest confidence.

POSITION APPLYING FOR

| | | | |
|---|---|---|------|
| <input type="checkbox"/> Regular Member | <input type="checkbox"/> Junior Member (Ages 16-18) | <input type="checkbox"/> Associate Member | DATE |
|---|---|---|------|

PERSONAL INFORMATION

| | | |
|---|--|----------------------------|
| NAME (Last, First, MI) | | DOB |
| ADDRESS | | SSN |
| CITY, STATE, ZIP | | PHONE |
| U.S. CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO | MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed | DATE OF CHESHIRE RESIDENCE |

ADDITIONAL CONTACT INFORMATION

| | |
|------------|----------------|
| WORK PHONE | EMAIL ADDRESS |
| PAGER | CELLULAR PHONE |

EMPLOYMENT INFORMATION

| | | |
|----------|------------|-------|
| EMPLOYER | | |
| ADDRESS | CITY | STATE |
| POSITION | WORK HOURS | |

FOR OFFICE USE ONLY

| | | |
|---|-----------------------------------|-----------------------------------|
| Read at meeting and posted on: ____/____/____ | <input type="checkbox"/> Accepted | <input type="checkbox"/> Rejected |
| Voted for Recruit on: ____/____/____ | <input type="checkbox"/> Accepted | <input type="checkbox"/> Rejected |
| Voted for Regular on: ____/____/____ | | |
| Additional comments on back of page. | | |

CONNECTICUT STATE DRIVER'S LICENSE INFORMATION

| | | |
|----------------|-------|--------------|
| LICENSE NUMBER | CLASS | EXPIRATION |
| ENDORSEMENTS | | RESTRICTIONS |

EMERGENCY CONTACT INFORMATION

| | | |
|------------------|--------------|------------------------|
| NAME | RELATIONSHIP | PHONE |
| ADDRESS | | CELLULAR PHONE / PAGER |
| CITY, STATE, ZIP | | |
| EMPLOYER | | WORK PHONE |

EMERGENCY INFORMATION

| | | | |
|--------------------------|------------|-----------------------------|--------|
| EYE COLOR | HAIR COLOR | HEIGHT _____ ft _____ in | WEIGHT |
| LIST ANY KNOWN ALLERGIES | | | |

EDUCATION – FOR REGULAR AND ASSOCIATE MEMBERS ONLY

| | | | | |
|--|--|----------------|-------|--------|
| ARE YOU A HIGH SCHOOL GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO | IF YES, LIST YEAR, SCHOOL AND LOCATION | | | |
| IF NO, CIRCLE HIGHEST GRADE COMPLETED 6 7 8 9 10 11 12 | IF NO, YEAR AND LOCATION GED COMPLETED | | | |
| ENTER BELOW ANY COLLEGES, UNIVERSITIES OR TECHNICAL SCHOOLS ATTENDED (Use extra page if necessary) | | | | |
| Name of School | City / State | Dates Attended | Major | Degree |
| ----- | | | | |
| ----- | | | | |
| ----- | | | | |

EDUCATION – FOR JUNIOR MEMBERS (AGE 16-18) ONLY

| | |
|--|---------------------------------------|
| CURRENT GRADE IN HIGH SCHOOL 9 10 11 12 | LIST SCHOOL, LOCATION AND CLASS HOURS |
| ARE YOU MAINTAINING A MINIMUM OF A "C" AVERAGE? (attach a copy of your last report card) <input type="checkbox"/> YES <input type="checkbox"/> NO | |

Please read before answering the following question: (1) You are not required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased pursuant to Section 46b-146, 54-76o or 54-142a, (2) that criminal records subject to erasure pursuant to Section 46b-146, 54-76o or 54-142a are records pertaining to a finding of delinquency or that a child was a member of a family with service needs, an adjudication as a youthful offender, a criminal charge that has been dismissed or nulled, a criminal charge for which the person has been found not guilty or a conviction for which the person received an absolute pardon, and (3) that any person whose criminal records have been erased pursuant to Section 46b-146, 54-76o or 54-142a shall be deemed to have never been arrested within the meaning of the general statutes with respect to the proceeding so erased and may so swear under oath.

CRIMINAL RECORD

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES NO
 If Yes, give detailed information and disposition below or attach an additional sheet.

ARMED FORCES EXPERIENCE

| | |
|--------------------------|---------------|
| BRANCH | RANK |
| TYPE OF DISCHARGE & DATE | SERVICE DATES |

PREVIOUS FIREFIGHTING OR EMERGENCY MEDICAL SERVICE EXPERIENCE

HAVE YOU EVER BEEN AN APPLICANT OR MEMBER OF THE CHESHIRE FIRE DEPARTMENT? YES NO
 IF YES, PLEASE LIST APPROXIMATE DATES

HAVE YOU EVER BEEN AN APPLICANT OR MEMBER OF ANY EMERGENCY SERVICE? YES NO
 IF YES, PLEASE LIST ORGANIZATION NAME, ADDRESS AND DATES OF SERVICE

REASON FOR JOINING

PLEASE INDICATE WHY YOU WISH TO JOIN THE CHESHIRE FIRE DEPARTMENT

SIGNATURE

I affirm that the attached application contains no misrepresentations, or falsifications, omissions, or concealment of material fact, and that the information given by me is true and complete to the best of my knowledge and belief. I am aware that statements made by me on this application are subject to later investigation. I am further aware that should any investigation disclose any such misrepresentations, falsifications, omissions or concealment of material fact, my application may be rejected, or if already appointed, I may be dismissed.

Signature _____ Date _____

The following section is for Junior members (age 16-18) only and is to be filled out by a parent or legal guardian of the applicant

PARENTAL SIGNATURE- FOR JUNIOR MEMBERS (AGE 16-18) ONLY

I _____, affirm that the attached application contains no misrepresentations, or falsifications, omissions, or concealment of material fact, and that the information given is true and complete to the best of my knowledge and belief. I am aware that statements made on this application are subject to later investigation. I am further aware that should any investigation disclose any such misrepresentations, falsifications, omissions or concealment of material fact, the application may be rejected, or if already appointed, my son / daughter may be dismissed.

Signature _____ Date _____
Name of Parent or Legal Guardian

***** PLEASE COMPLETE THE FOLLOWING ADDITIONAL FORMS *****



RELEASE OF INFORMATION

I _____, am making application for appointment to the Cheshire Fire Department. As a result I hereby authorize and voluntarily release the Town of Cheshire and/or its agencies to conduct any necessary inquiries and collect any necessary information as to my character, reputation, and the ability to perform in the position I am applying for, including but not limited to: review of my educational references and background, criminal conviction history check, and driving history check. I release from any liability any and all former educators or personal or other references who supply the Town of Cheshire and/or its agencies with information about my background and education history. I also authorize the release of copies of any such aforementioned records to the Town of Cheshire and/or its agencies.

I have read, understand and agree to the foregoing.

Signature _____ Date _____

Social Security No. _____ D.O.B. _____

Witness _____
Signature Printed

JUNIOR FIREFIGHTER PAGER PROMISE – FOR JUNIOR MEMBERS (AGE 16-18) ONLY

I _____, will not be permitted to have my fire department issued pager in school during school hours or during school activities that I am involved with. If the Cheshire Fire Department learns that I had my pager at school during these times, I will be disciplined and/or dismissed from the Cheshire Junior Fire Department. If dismissed I will be ordered to return all Cheshire Fire Department equipment at once.

I have read, understand and agree to the foregoing.

Signature _____
Signature of Junior Firefighter

Date _____

Parent / Legal Guardian _____
Print Name of Parent or Legal Guardian

Date _____

Signature of Parent or Legal Guardian

Date _____

AGILITY TEST RELEASE FROM LIABILITY

I _____, do hereby release from any and all liability and/or claims for damages resulting from any and all aspects of the agility test of the Cheshire Fire Department, to wit:

The Cheshire Fire Department, Inc.
The Town of Cheshire
Any and all individuals involved with the preparations and/or administration of said testing procedures.

I have read, understand and agree to the foregoing.

Signature _____

Date _____

Witness _____
Signature

Printed

HEPATITIS B VACCINE REQUEST FORM

Please check one of the following: (If you have received the hepatitis vaccine series please fill in the appropriate dates)

_____ I have previously received the complete hepatitis B vaccine: Date of 1st Shot: _____

Date of 2nd Shot: _____

Date of 3rd Shot: _____

_____ I have previously received the hepatitis B vaccine and request the titer determination test done.

Date of 1st Shot: _____

Date of 2nd Shot: _____

Date of 3rd Shot: _____

_____ I wish to undergo the complete hepatitis B vaccine series.

_____ I wish to decline to participate at this time from the hepatitis B vaccine program.

I understand that due to my occupation and potential exposure to blood and other potentially infectious material, I may be at risk acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to receive the HBV immunization and blood titer, at no cost to myself. However, I decline to participate at this time. I understand that by declining, I continue to be potentially at risk of acquiring HBV, a serious disease. If, in the future, I continue to have occupational exposure to blood or potentially infectious material and wish to receive the hepatitis B vaccine, I can do so at no cost to me.

I have read, understand and agree to the foregoing.

Name: _____
Signature Printed

Social Security No. _____ Date _____



Cheshire Fire Department

250 Maple Avenue
Cheshire, CT 06410
Phone: (203) 272-1828
Fax: (203) 272-7314



Essential Job Tasks

These essential job tasks are those that firefighters are expected to perform at emergency incidents and may be required to perform in training and emergency exercises. They are derived from NFPA 1582(current edition) Comprehensive Occupational Medical Program for Fire Departments and NFPA 1500(current edition) Fire Department Occupational Safety and Health Program. Please also note that NFPA 1451(current edition) Fire Service Vehicle Operations Training Program states that the driver/operator is subject to NFPA 1500(current edition) which state the driver/operator must be medically fit to perform the duties of a driver/operator.

NFPA 1582 Chapter 5 Essential Job Tasks (current edition)

5.1.3 The essential job tasks shall reflect the physical, physiological, intellectual and psychological demands of the occupation.

5.1.3.1 Physician Guidance

1. Performing fire fighting tasks (e.g. hoseline operations, extensive crawling, lifting and carrying heavy objects, ventilating roofs or walls using power or hand tools, forcible entry), rescue operations and other emergency response actions under stressful conditions while wearing personal protective ensembles (PPE) and self-contained breathing apparatus (SCBA), including working in extremely hot or cold environments for prolonged time periods.
2. Wearing an SCBA, which includes a demand valve-type positive pressure face piece or HEPA filter masks, which require the ability to tolerate increased respiratory workloads.
3. Exposure to toxic fume, irritants, particulates, biological (infections) and non-biological hazards, and/or heated gases, despite the use of PPE including SCBA.
4. Depending on the local jurisdiction, climbing 6 or more flights of stairs while wearing fire protection ensemble weighing at least 50 lb or more and carrying equipment/tools weighing an additional 20 to 40 lb.
5. Wearing fire protection ensemble that is encapsulating and insulated. Wearing this clothing will result in significant fluid loss that frequently progresses to clinical dehydration and can elevate core temperature to levels exceeding 102.2°F (39°C).
6. Searching, finding and rescue dragging or carrying victims weighing from newborns up to adults weighing over 200 lb to safety despite hazardous conditions and low visibility.
7. Advancing water-filled hoselines up to 2.5 in. in diameter from fire apparatus to occupancy (approximately 150 ft.); can involve negotiating multiple flights of stairs, ladders, and other obstacles.
8. Climbing ladders, operating from heights, walking or crawling in the dark along narrow and uneven surfaces, and operating in proximity to electrical power lines and/or other hazards.
9. Unpredictable emergency requirements for prolonged periods of extreme physical exertions without benefit of warm-up, scheduled rest periods, meals, access to medication (s), or hydration.
10. Operating fire apparatus or other vehicles in an emergency mode with emergency lights and siren.
11. Critical, time-sensitive, complex problem solving during physical exertion in stressful, hazardous environments (including hot, dark, tightly enclosed spaces), further aggravated by fatigue, flashing lights, sirens and other distractions.

12. Ability to communicate (give and comprehend verbal orders) while wearing PPE and SCBA under conditions of high background noise, poor visibility, and drenching from hoselines and/or fixed protection systems (sprinklers).
13. Functioning as an integral component of a team, where sudden incapacitation of a member can result in mission failure or in risk of injury or death to civilians or other team members (e.g. two in, two out as described in NFPA 1500).

5.1.4 In addition to general fire-fighting duties, members of specialized teams such as hazardous material units, self-contained underwater breathing apparatus (SCUBA) teams, Technical Rescue Teams, EMS teams or units supporting tactical law enforcement operations shall be required to perform additional task not specified in 5.1.3.1 (1) through 5.1.1.3 (13). These tasks shall require members to wear or utilize specialized PPE that can increase weight, environmental isolation, sensory deprivation, and/or dehydration potential above levels experienced with standard fire suppression PPE. They also can include additional and/or physical requirements that shall not all be enumerated in this standard.

Should the firefighter engage in the driving/operating of a fire emergency vehicle, the physician shall consider item #10 plus the potential for donning an SCBA due to exposure from a smoke or hazardous condition created by a wind shift.

Firefighter name: _____
 DOB: _____

Please circle one:

- A. I have examined the aforementioned individual and certify that he/she is physically/mentally capable to perform all the essential job tasks listed above without restriction.
- B. I have examined the aforementioned individual and certify that he/she is not physically/mentally capable to perform all the essential job tasks listed above without restriction.

Physician Signature: _____
 Physician Name (printed): _____
 Physician Phone Number: _____

AGILITY TEST INFORMATION SHEET

Station #1 - Section 2-3.1 - Endurance

The candidate, after successfully completing the medical examination and with written authorization of the examining physician, shall complete one of the following:

(a) Run 1 1/2 miles within 13 minutes.

Options .Applicant must submit a physician' s note stating the inability to perform the 1 1/2 mile run. Attach physicians note to this form. Check preceding box for choice.

(b) Walk 3 miles within 38 minutes

(c) Bicycle 4 miles within 12 minutes

(d) Swim 500 yards within 8 minutes and 20 seconds

(e) Run in place - 75 steps per minute for 15 minutes

(f) Run on motorized horizontal treadmill at 10 miles per hour for 6 minutes

(g) Climb stairs consisting of 10 steps at 9 round trips per minute for 9 minutes

Station #2 - Section 2-3.2 - Bent-knee Sit-ups

The candidate shall perform 35 bent knee sit-ups within 2 minutes

Station #3 - Section 2-3.3

The candidate shall complete one of the following:

(a) Flexed arm hang - minimum 8 seconds - Palms away

(b) Pull-ups - minimum of 7- Palms away

(c) Push-ups - Standard - minimum 25

Station #4 .Section 2-3.4

The candidate, given a beam secured to a level floor and measuring 20 feet (6m) long by 3 to 4 inches (76 to 102mm) wide, and given a length of fire hose weighing at least 20 pounds (9kg), shall walk the length of the beam, carrying the length of hose, without falling off, or stepping off the beam.

Station #5 Section 2-3.5

The candidate, given a weight of 125 pounds (57kg), shall lift the weight from the floor and carry the weight 100 feet (30.5m) without stopping.

Station #6 Section 2-3.6

The candidate, starting from an erect position with feet apart, the distance closely approximating shoulder width, shall move a 15 pound (7kg) weight in the following manner:

- 1: Bend over, grasp the weight with both hands while it is at a point on the floor between the feet, and
- 2: Lift the weight to waist level, then
- 3: Place the weight on the floor approximately 12 inches (305mm) outside the left foot, and
- 4: Without letting go, raise the weight to waist level, and
- 5: Touch it to the floor about 12 inches (305mm) outside the right foot.

The weight shall then be moved alternately in this fashion from left foot, to waist level, to right foot, to waist level, to left foot until it has been moved 7 times in each direction with the total horizontal distance of travel being at least 24 inches (610 mm) more than the space between the feet for each of the 14 moves. This shall be done in less than 35 seconds.

Firefighter name: _____
DOB: _____

I have examined the aforementioned individual and certify that he/she is physically/mentally capable to complete the agility test.

Physician Signature _____
Physician Name (printed: _____
Physician Phone Number _____