

APPLICATION FOR MEMBERSHIP COS COB FIRE COMPANY, NO.1, INC.

I AM A CITIZEN OF THE UNITED STATES OF AMERICA AND I HEREBY AGREE THAT, IN THE EVENT OF MY ELECTION TO ACTIVE MEMBERSHIP, I WILL BE GOVERNED BY THE CONSTITUTION, BY-LAWS AND REGULATIONS OF THE COS COB VOLUNTEER FIRE COMPANY, NO.1, INC. AND THE RULES AND REGULATIONS OF THE GREENWICH FIRE DEPARTMENT.

I REALIZE THE DANGERS AND RISKS UNDERTAKEN IN THE PERFORMANCE OF FIRE DUTY AND HEREBY WAIVE ALL CLAIMS AGAINST THE COS COB VOLUNTEER FIRE COMPANY, NO.1, INC., FOR INJURIES RECEIVED IN THE PERFORMANCE OF DUTY EXCEPTING WHAT BENEFITS OR FEES I AM ENTITLED TO FROM THE STATE FIREMAN'S RELIEF FUND AND SUCH OTHER SOURCES AS THE DEPARTMENT MAY PROVIDE.

SIGNATURE OF APPLICANT

Type of Membership: Probationary Member (Firefighting) _____

Associate Member (Administrative) _____

Date: _____

1. Name: _____

2. Address: _____

3. Date of Birth: _____

4. Email Address: _____

5. Cell Phone Number: _____

6. Place of Birth: _____

7. Color of Eyes: _____

8. Height: _____ Weight: _____

9. Citizen: Yes or No (Circle One)

If No, have you filed intention?

10. Driver's License #: _____

Type: _____

State: _____

11. Marital Status: _____

Emergency Contact information: _____

Number of persons dependent for support?: _____

12. Education?

(Circle All That Apply)

Grammar (Yes / No) / High School (Yes / No) / College (Yes / No) / Post Graduate (Yes / No)

Other Schools (Name of School) _____

Years _____ Graduate _____ Address _____

13. Occupational Experience

a. Name and complete address of employer:

From: _____ To: _____ (Mo. Yr.)

Reason for leaving:

14. Military Service (Branch):

Position/Job: _____

From: _____ To: _____

Type of Discharge or Separation: _____

Rank at Discharge: _____

15. Have you ever been rejected for enlisting or induction in any of the Armed Forces? If yes – Why?

16. Have you ever been arrested or convicted in any court except for minor vehicle charges? If yes – When – Where?

17. Character References (3) Do not include former employers, relatives or members of the Fire Department.

(Name, Years Known, City, State, Tel. #)

1.

2.

3.

18. List of residences for past 3 years?

19. Have you ever been a member of any other Fire Department?

A. If so, give Name, Place and Date

20. Have you ever been dropped from any other Fire Department?

A. If so give particulars.

I _____ do hereby understand that by signing this application I will be considered a probationary member of the Cos Cob Volunteer Fire Company No.1 for a minimum of the first six (6) months starting immediately after being sworn in. As a probationary member I understand what is expected of me regarding attendance of training, company meetings, as well as completing of both Greenwich Fire Department and Cos Cob Volunteer Fire Company No. 1 on-boarding requirements. I understand that failure to meet these expectations can lead to my immediate termination from Cos Cob Volunteer Fire Company No. 1 and I acknowledge that I will return any Town of Greenwich or Cos Cob Volunteer Fire Company No. 1 property within thirty (30) days of being notified of my termination. I hereby claim that all the information provided in this application to be correct to the best of my knowledge. I understand that if any of this information is determined to be false or misleading this application may be rejected.

Signature of Applicant

Applicants under the age of 18 need to have the following signed by parents or Guardian: I have reviewed the above application, agree to all provisions, and hereby give permission for

_____ to become an active member.

Signature of Parent or Guardian	Title	Date	Home Phone #
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For Company Use:

Date Application Filed:_____ Date of Physical:_____ Pass/Fail:_____

Membership/Invest Comm Mtg. Date: _____ **Accept or Reject:** _____

Reason for Rejection:

(Probationary Members Only)

Forms Returned: (Date) Town Insr. Card: _____ **Beneficiary Card:** _____

Ok for Membership:

Date Membership/Invest Comm Election Comm.

Date of Badge Presentation _____

Chief _____

President _____