



Flanders Fire Department

New Member Application Process and Checklist

Thank you for your interest in becoming a member of the FLANDERS FIRE DEPARTMENT. Below you will find a list detailing the process that you will need to follow in order to become a member.

- By reading this letter you have already begun your first step which is to obtain an Application for Membership. Please fill it out completely and accurately, making sure that you sign and date the application at the end.
- You may then return your completed application, **all 6 (six) pages stapled together**, to the Flanders Fire Department, located at 151 Boston Post Rd. Any incomplete application will be returned to the applicant via U.S. mail.
- We ask that you provide a copy of your driver's license or state issued ID if applicable.
- If you are applying for Membership as a Junior Member (age 14-17) you will need a parent's signature. (As Junior Member of the Flanders Fire Department you may not be a Junior member of any other department.)
- Any certifications you've obtained in the past, (EMR or EMT completed class certificates, fire courses, etc...) copies should be attached so that we can place them in your file.
- Please Provide \$20.00 Cash or Check for Initial Membership fee. If by Check please make checks out to "Flanders Fire Department Inc."
- The Background Authorization Form **MUST** also be filled out and returned with the application. This process may take up to 2 (two) weeks, so please keep that in mind when attempting to join by a specific meeting.
- You will also need to provide us with a current up to date Physical for firefighting activities. No physical is required for Associate Membership.
- The Flanders Fire Department holds regular monthly meetings on the 2nd Tuesday of every month @ 7pm with the exception of July & August.

NOTE: PLEASE DO NOT GIVE ANY OF YOUR PAPERWORK TO A MEMBER OF THE FIRE DEPARTMENT TO RETURN TO US. YOU MUST RETURN IT IN PERSON.

IF YOU HAVE ANY QUESTIONS OR WOULD LIKE TO CONTACT US, PLEASE CALL (860) 739-6968 AND ASK TO LEAVE A MESSAGE FOR THE INVESTIGATION COMMITTEE.

Flanders Fire Department

Application for Membership

(For Fire Department use only)

CURRENT PHYSICAL: _____

INITIAL DUES: _____

Instructions - Please print all answers carefully and truthfully in either black or blue ink. You may attach additional sheets of paper if necessary in order to provide more complete information.

APPLICANT INFORMATION

LAST NAME FIRST NAME M.I. Other Alias

CURRENT ADDRESS APARTMENT

CITY, TOWN, VILLAGE

SOCIAL SECURITY NUMBER EMAIL ADDRESS

HOW LONG HAVE YOU LIVED AT THIS ADDRESS? HOW LONG HAVE YOU LIVED IN CONNECTICUT?

HOME TELEPHONE NUMBER CELL PHONE NUMBER

PREVIOUS ADDRESS (IF APPLICABLE) CITY STATE HOW LONG AT THIS ADDRESS?

ARE YOU 18 YEARS OF AGE OR OLDER? YES _____ NO _____ IF NOT HOW OLD ARE YOU? _____ DOB ____/____/____

DO YOU HAVE A VALID CONNECTICUT STATE DRIVERS LICENSE? YES _____ if so # _____ NO _____

DO YOU HAVE A VALID DRIVERS LICENSE FROM ANOTHER STATE? ST _____ if so # _____ NO _____

YES / NO Do you have any previous firefighting or EMS experience? If YES, explain below.

YES / NO Have you ever served in the United States Military?

YES / NO Have you ever been convicted of a misdemeanor or felony? If YES, explain below.

If you answered YES to any of the above questions, provide explanations below.

APPLICANT HISTORY

CURRENT EMPLOYER

PREVIOUS EMPLOYER

CURRENT JOB TITLE

PREVIOUS JOB TITLE

EMPLOYER'S STREET ADDRESS

PREVIOUS EMPLOYER'S STREET ADDRESS

CITY STATE ZIP

CITY STATE ZIP

MAY WE CONTACT YOUR EMPLOYER AS A REFERENCE? YES _____ NO _____

NAMES OF MEMBERS OF THIS DEPARTMENT WITH WHOM YOU ARE ACQUAINTED

PLEASE PROVIDE CHARACTER REFERENCES OTHER THAN FIREFIGHTERS

NAME OF CHARACTER REFFERENCE #1

NAME OF CHARACTER REFERENCE #2

ADDRESS

ADDRESS

CITY, STATE, ZIP

CITY, STATE, ZIP

TELEPHONE #

TELEPHONE #

RELATIONSHIP AND YEARS KNOWN

RELATIONSHIP AND YEARS KNOWN

HIGHEST GRADE OF SCHOOL COMPLETED? _____

IT IS REQUIRED THAT YOU HAVE AN UP TO DATE MEDICAL EXAMINATION BEFORE BECOMING AN ACITVE OR JUNIOR MEMBER OF THE FIRE DEPARTMENT.

UP TO DATE PHYSICAL ATTACHED? Y _____ N _____

Flanders Fire Department

Code of Ethics

1. I fully realize and accept the responsibilities of being a Volunteer Firefighter and shall perform the duties assigned to me.
2. I shall make a reasonable effort to respond promptly to all emergency calls.
3. I shall do my share of work required to maintain apparatus, equipment, and the fire houses.
4. I shall report to the fire house immediately after each call in order to help put apparatus and equipment in shape for the next call.
5. I shall refrain from using profane or immoral language while working at fires and in or around the firehouse.
6. I shall do my work at fires or drills in a quick and orderly manner.
7. I shall report for drills, practice earnestly, and do my part in making our Fire Department an efficient, orderly fire fighting organization.
8. I shall be loyal to my Officers and Department and shall conduct myself at all times in a manner that is in keeping with the responsibilities of a firefighter.
9. I shall remember that I am in the eyes of the public both on and off duty, and I shall conduct myself accordingly.
10. If at any time I feel that I cannot comply with the Rules and Regulations of the Flanders Fire Department, I shall voluntarily resign.
11. Persons making application to this department are obligated to read their application before signing it. If there is any doubt that I will not be able to conform to the above rules and regulations of this department and the Town of East Lyme, I will not make application.

This application will be investigated by the Department Investigation Committee and its findings will be submitted to the Department at the next regular meeting. In addition, your application will be checked by local law enforcement agencies before you will be allowed to become a member of this department. All information will remain confidential.

DECLARATION BY APPLICANT

I affirm, subject to the penalties for perjury, that the statements by me contained herein on this application are to the best of my knowledge and belief, true and correct.

ANY FALSE STATEMENTS MADE IN THIS APPLICATION IS PUNISHABLE BY LAW ACCORDING TO STATE OF CONNECTICUT JUDICIAL BRANCH 4.2-2 FALSE STATEMENT IN THE SECOND DEGREE § 53a-157b.

Applicant's Name Printed Clearly

Applicant's Signature and Date

Responsible Parties Name Printed / Relationship

Responsible Parties Signature and Date

INVESTIGATION COMMITTEE REPORT

ACCEPTED // REJECTED

INVESTIGATOR DATE
SIGNATURE

INVESTIGATOR DATE
SIGNATURE

PRESIDENT'S DATE
SIGNATURE

RECEIVED BACKGROUND: _____ RECEIVED MEDICAL: _____ RECEIVED MONEY _____

RECEIVED PROOF OF CITIZENSHIP: _____ APPLICATION APPROVED BY MEMBERSHIP: _____ / _____
YES or NO DATE

REMARKS: _____

Criminal Background Check Authorization Form

There is the potential that resultant data will indicate an individual's prior and/ or misdemeanor convictions. Prior convictions will be reviewed on a case-by-case basis however some convictions are cause for immediate disqualification from becoming a member of the Flanders Fire Department Inc.

In connection with my service with the Flanders Fire Department Inc., I hereby authorize the Flanders Fire Department Inc. to conduct a criminal background check on my behalf. I understand that this background check will cover a search of law enforcement and court records, driving record, and a check of the National Sex Offender Public Registry. I understand that my ability to serve as a member of the Flanders Fire Department Inc. is contingent upon the result in the revocation of any position offered to me or accepted by me. I acknowledge that the criminal background check, driving record, and National Sex Offender Public Registry checks may be shared with the Fire Chief and the Board of Trustees of the Flanders Fire Department Inc. The member is entitled to receive and review the information obtained, upon written request.

I certify that the information provided above and in my application is truthful and accurate to the best of my knowledge. I understand that knowingly providing false information or omitting information may result in my disqualification or termination of membership with the Flanders Fire Department Inc.

Applicant Print Name: _____

Applicant Signature: _____

Date: _____

Summary of Your Rights Under The New Jersey Fair Credit Reporting Act

The State of New Jersey Fair Credit Reporting Act (NJFCRA) is designed to promote accuracy, fairness, consumer confidentiality and the proper use of credit data by each consumer reporting agency ("CRA") in accordance with the requirements of the NJFCRA.

The NJFCRA is modeled after the Federal Fair Credit Reporting Act. You have received a summary of Your Rights Under the Federal Fair Credit Reporting Act. The two acts are almost identical, as are your rights under them. You can find the complete text of the NJFCRA at the Department of Consumer Affairs. You may seek damages for violations of the NJFCRA. If a CRA, a user or in some cases a provider of CRA data violates the NJCRA, you may have a legal cause of action.

For Questions or concerns regarding the NJFCRA please contact:

Division of Consumer Affairs
Department of Law and Public Safety
124 Halsey Street, Newark, NJ 07102
Phone: 800-242-5846
Phone: 973-504-6200