

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Dear Applicant,

We welcome your membership application to join the Orange Volunteer Fire Association, Inc. The attached "Application Process" guide will provide you with detailed instructions on how the application process works and what steps that you will need to take in order to complete the application process. It is important that you fill out each part of the application packet completely and honestly. You must also sign it in the presence of a Notary Public of Connecticut.

As I am sure you will agree, our organization is one in which integrity is paramount. Our reputation is directly related to the code of conduct displayed by each of our members. Our members deal directly with the public and it is important that they be concerned for the safety and welfare of the public at all times. Therefore, please be aware that we will thoroughly scrutinize the information that you provide on the membership application. We do this in an effort to provide the citizens of our Town with individuals who will uphold the excellent reputation of the Orange Volunteer Fire Association.

A fire department is structured as a paramilitary organization. There is an established chain of command, which all members are expected to respect and follow. Membership in a volunteer department is rewarding, but comes with a significant time commitment. All members are required to attend emergency responses (at all times of the day or night), drills and regular meetings, as well as fundraising events, like our annual summer carnival. Participation in public education and other community events is also expected. All members are required to obtain CT State Firefighter I certification. All members are further encouraged to continue education through advanced levels of certification in firefighting, rescue and hazardous materials response.

In the event you have any questions about the application for membership, the Orange Volunteer Fire Association, or learning more about how you can volunteer your time to our community, please call either 203-891-1052 and ask to speak with the Chief or someone from the Personnel Committee or send an e-mail to [OVFD@orange-ct.gov](mailto:OVFD@orange-ct.gov). We are looking forward to hearing from you.

Thank you for your interest and, hopefully, you can become a valuable part of our organization.

Sincerely,

Chief Dumas & Orange Volunteer Fire Association Personnel Committee

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

## **APPLICATION PROCESS**

### **1. Contents of Packet**

The membership application packet contains the following forms that must be completed:

- a. Volunteer Firefighter Membership Application
- b. State of Connecticut Criminal History Application
- c. Authority to Release Information
- d. Accountability Tag Forms

### **2. Completion of Application Packet**

All applicants must COMPLETELY fill in all information on the application. When completed, the applicant must sign, in the presence of a Notary Public of Connecticut, the application page titled **“CERTIFICATION, AGREEMENT AND AUTHORITY TO RELEASE INFORMATION.”** Application packets not fully completed within 90 days of initial submittal will be automatically rejected.

### **3. Administrative Review of Application & Interview with the Personnel Committee**

When you submit your application packet, a thorough administrative review will be done. All information provided on the application will be verified. After the information is verified, you will be called to schedule an interview with the Personnel Committee. The following items are important things to consider when completing the application:

**Membership in Other Organizations:** If you state that you are a member of other organizations, you must provide the name, address and phone number of the appropriate official in each organization that can be contacted in order to verify the information submitted. This information should be provided on a separate sheet of paper and attached to the application.

**Previous Experience:** If you state that you have previous experience in other fire service or emergency medical service organizations, you must provide the name, address and phone number of the appropriate official in each organization that can be contacted in order to verify the information submitted. This information should be provided on a separate sheet of paper and attached to the application.

**Special Licenses or Certifications Held:** If you state that you have a special license or certification, please attach a copy for the training file that is maintained on each member. Please also provide a legible copy of your Connecticut License for our use in obtaining a CT Department of Motor Vehicle Records Check. *Do not attach the original of any license or certification.*

**Previous Fire Service & Emergency Medical Service Training:** If you state that you have previous fire service or emergency medical service training, please attach a copy for the training file maintained on each member. *Do not attach the original of any license or certification.*

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

#### **4. Background Check and Physical Examination**

A thorough background check and physical examination is conducted of each applicant submitting an application.

a. Background Check: A thorough background check is conducted of each applicant and a five year motor vehicle abstract is conducted through CT Department of Motor Vehicle records.

b. Physical Examination: A thorough physical examination will be conducted of each applicant by the Fire Department Physician following the submission of the application and Personnel Committee interview. It is the applicant's responsibility to have the physical examination done as soon as possible **after receiving our notification to proceed**. The Fire Department is responsible for the cost of the physical examination. The office hours of the Fire Department's physician, Yale Occupational Health Plus varies by office. Offices are located in New Haven, Hamden and Branford. Please call for an appointment at the location of your choice. The physical exam consists of a physical history that the applicant will provide to the physician and a non-invasive physical to determine the overall health of the applicant. All new applicants must submit to drug and alcohol testing in accordance with the Orange Volunteer Fire Association Drug and Alcohol Policy. The physician will complete the health screening and respirator clearance forms and forward to the Chief of the Department following the physical examination. They will also start and maintain a file on each applicant for future follow-up. No Fire Department turnout gear or pager will be issued until application process is completed in its entirety and the applicant is sworn in as a probationary member.

#### **5. Review of Application by the Personnel Committee**

When all portions of the application process are complete, the Personnel Committee will complete an in depth review. If there are any questions on the information submitted on the application or any of the information uncovered during the application process, further investigation will occur. Upon finalization of the application, review and interview process the Personnel Committee will submit, in writing, to the Executive Board of the department a recommendation in favor of or in opposition to membership for the applicant. Upon concurrence from the Executive Board, the candidate will be notified in writing if membership will not be extended at that time. Upon concurrence from the Executive Board that recommendation is in favor of membership, the applicant will be notified at that time to make an appointment with the department physicians to complete a medical clearance physical examination. The application process will be considered complete and the new member induction process will begin.

#### **6. Induction of New Members**

If the Personnel Committee recommends membership for the applicant and the Executive Board accepts such recommendation, the applicant will be promptly notified of the date of the next regular monthly meeting of the Association. It is strongly recommended that the applicant make every possible effort to attend this meeting in order to be sworn in as a probationary member.

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

## **7. Orientation Procedure**

Each applicant will be supplied with a bound “Employee Handbook” when sworn in as a probationary member. This manual is to be reviewed and studied by the applicant in order to prepare for a Familiarization/Orientation course on the Orange Volunteer Fire Association. These courses are conducted twice per year and consist of 10 sessions that provide a comprehensive overview of the department, its policies, procedures and equipment. It is the responsibility of the applicant to attend and actively participate in these courses. Each new member is required to successfully complete written and practical skills tests at the conclusion of the Orientation program.

## **8. Active Duty Begins**

Once the applicant is sworn in, he/she is now a new member of the Department. The new member will be notified of the equipment issuance process that must be completed in order to begin active duty. Once equipment has been issued, the new member will be closely advised by the assigned squad officer in the operating procedures that must be followed when responding to incidents or when visiting the fire station. New members are strongly encouraged to continually review the “Employee Handbook” during the first few months of membership in order to take advantage of the valuable information it contains.

## **9. Points to Remember**

The selection of competent and responsible personnel for membership in the Fire Department is essential in our mission to provide safety, protection and service to the public. Applicants are reminded to be patient with the process in order to allow sufficient time for the review of each applicant. The Orange Volunteer Fire Association is an equal opportunity employer and will not discriminate due to age, race, sex, religion, and national origin or due to non-merit factors. Any applicant that fails to complete any portion of the application process within three (3) months of the original submission date of the application packet may be automatically rejected for membership. If the applicant is rejected for membership, he/she has the right to file a written request for reconsideration with the Personnel Committee. The Personnel Committee will present the request to the Executive Board, at which time a complete investigation will be conducted.

All new members must complete a one (1) year probationary period with the Fire Department before full membership privileges will be granted. Any habitual, inappropriate conduct, violation of policies or procedures during this period may lead to immediate expulsion from the Fire Department. Call, drill and meeting attendance will be reviewed closely. To be considered “in good standing” each member is required to attend 10 % of responses, 20 drills, and 4 regular meetings per year as well as Department Fundraising events such as our Annual Summer Carnival. Participation in public education and other community events is also expected. Probationary members are required to complete and pass the CT Firefighter I certification program within one year of their probationary swear-in date. The cost of this class is reimbursed by the department upon successful completion for any member in good standing. Each Probationary member must also attend the New Member Orientation and Familiarization Program and pass written and practical skills tests outlined by the Personnel Committee. The Personnel Committee reserves the right to extend any new member’s probationary period for up to 1 year based on any deficiencies noted in the candidate’s performance.

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_



## ORANGE VOLUNTEER FIRE ASSOCIATION, INC.

### APPLICATION FOR ACTIVE MEMBERSHIP

#### **Applicant Prerequisites:**

- Must be a resident of the Town of Orange or one of the following surrounding towns:
  - Derby, Milford, West Haven or Woodbridge.
- Must be at least 18 years of age.
- Must maintain a valid Connecticut Drivers License.
- Must possess a High School Diploma or Equivalent.
- Must successfully pass a State of Connecticut Criminal History check.
- Upon acceptance, must complete and pass CT Firefighter I certification class (reimbursement by department upon successful completion.)
- Must be able to attend min. 10% of responses. (400 – 500 avg. total per year.)
- Must be able to attend minimum of 20 drills and 4 regular meetings per year.
- Must participate in Department Fundraisers (Annual Summer Carnival)

#### **Instructions to Applicant:**

- Forward Completed State of Connecticut Criminal History application to:

Department of Public Safety  
Bureau of Identification  
1111 Country Club Road  
Middletown, CT 06547-9294
- Fully complete Orange Fire Department application.
- **Sign in the presence of a Notary Public of the State of CT** the application.
- Supply a photocopy of your valid Connecticut Drivers License.
- Return completed application with a \$25.00 Application Fee to:

Orange Volunteer Fire Department  
Personnel Committee Chairman  
P.O. Box 878  
Orange, CT 06477

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

# ORANGE VOLUNTEER FIRE ASSOCIATION, INC.

## APPLICATION FOR ACTIVE MEMBERSHIP

Please print clearly and legibly.

Date of Application: \_\_\_\_\_

### PERSONAL INFORMATION

Name: \_\_\_\_\_ Social Security # \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

How long at above address: \_\_\_\_\_ Home Phone # \_\_\_\_\_

Work Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Previous Address (if less than 3 years at current address): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Marital Status: \_\_\_\_\_ if married, spouses name \_\_\_\_\_

### EMERGENCY CONTACT

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

**EMPLOYMENT INFORMATION**

Present Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Occupation: \_\_\_\_\_ Phone #: \_\_\_\_\_

Will your present employer allow you to respond to daytime calls? Yes \_\_\_\_ No \_\_\_\_

<b>Past Employer Name &amp; Address</b>	<b>Job Title</b>	<b>Dates of Employment</b>	<b>Supervisor's Name &amp; Phone Number</b>	<b>Reasons for Leaving</b>

**MILITARY**

Were you ever in the military? Yes \_\_\_\_\_ No \_\_\_\_\_

Branch: \_\_\_\_\_ Grade: \_\_\_\_\_ Job: \_\_\_\_\_

If discharged, what was the nature? \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

**EDUCATION**

<b>Institution Name &amp; Location</b>	<b>Dates Attended</b>	<b>Field of Study</b>	<b>Graduation Date</b>	<b>Degree Awarded</b>
High School				
College/Trade School				

**MEDICAL**

Your family doctor: \_\_\_\_\_

Doctor's address & Phone #: \_\_\_\_\_

Have you had a Hepatitis B vaccination within 10 years? \_\_\_\_\_ Date: \_\_\_\_\_

Blood Type: \_\_\_\_\_

Have you ever been refused employment for health reason? Yes No

Have you ever been disqualified for duty in the armed forces? Yes No

*The essential job functions of a volunteer firefighter in the Orange Volunteer Fire Department include, but are not limited to the following: climbing, lifting heavy objects, dragging, pulling, wearing heavy protective and respiratory equipment, carrying and operating heavy rescue tools, working for prolonged periods in potentially hazardous and enclosed environments, working in darkness or environments of temperature extremes, elevated levels of stress, and at elevated heights.*

*Are you able to successfully complete these essential functions with or without reasonable accommodations:*

Yes No

Please initial: \_\_\_\_\_

*If reasonable accommodations is required, please provide full details:*



Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

**PRIOR EXPERIENCE**

Are you currently a member of another fire company, ambulance, or rescue squad:

Yes \_\_\_\_\_ No \_\_\_\_\_ if yes, please complete the following:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Position(s) Held: \_\_\_\_\_

Contact Name & Phone #: \_\_\_\_\_

Are you presently applying to or have you ever applied for membership with any other fire department, ambulance or rescue squad, either paid or volunteer? YES \_\_\_ No

**If you answered YES, please complete the following:**

(If you were a member of the Orange Volunteer Fire Department in the past, please include that here.)

Name of Department & Location	Type of Membership / Any Positions Held	Date of Admission	Years of Service	Supervisor or Contact Name & Phone Number

List below the fire, rescue, emergency, hazardous materials certifications, courses, and seminars completed. Please use additional sheets if necessary. Please also attach copies of all certificates received for classes completed. **Please do not submit originals.**

Name of Class	Name of Training Facility & Location	Date Class Completed

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

**REFERENCES**

Please list (3) references who have known you well over the last (3) years.  
(Be sure to include complete contact information. Do NOT include former employers or relatives.)

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Years Known: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Years Known: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Years Known: \_\_\_\_\_

**AFFILIATIONS:**

List below, any clubs, societies or organizations of which you are currently a member.  
(Completion of this section is voluntary.)

Name of Club, Society or Organization	Location	Years of Service

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

**APPLICANT DATA:**

1. **Have you ever been convicted of, pleaded guilty or "no contest" to a crime?**

Yes \_\_\_\_\_ No \_\_\_\_\_

If **YES** , please explain:

2. **Are you currently using, that is ingesting, injecting, sniffing, absorbing or otherwise causing to enter your body, any non-prescribed drugs or substances, including hallucinogenic drugs, stimulants, depressants, narcotic drugs, other types of drugs or alcohol in excess?** (“Currently using” means use that has occurred recently enough to indicate that the individual is engaged in such conduct.) Yes \_\_\_\_\_ No \_\_\_\_\_

**If YES, please answer the following questions:**

When was the last time you used a drug or substance?

\_\_\_\_\_

Which drug or substance did you use?

\_\_\_\_\_

3. **Do you hold a valid Connecticut Motor vehicle Operator’s License?** (Please attach a copy of your current driver’s license with this application.) Yes \_\_\_\_\_ No \_\_\_\_\_

Driver’s License #: \_\_\_\_\_ State of License: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Please list any restrictions or endorsements:

Please list any summons (infractions) received for motor vehicle operations:



Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_



**PRIOR TO SUBMITTING THIS APPLICATION PACKET**

**DID YOU REMEMBER TO:**

- Forward Completed State of Connecticut Criminal History application to:

Department of Public Safety  
Bureau of Identification  
1111 Country Club Road  
Middletown, CT 06547-9294

- **Fully complete** Orange Fire Department application.
- **Sign and have notarized** the application where noted.
- Supply a photocopy of your valid Connecticut Drivers License.
- Return **completed** application with a \$25.00 Application Fee.

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

**APPLICATION/PROBATIONARY MEMBER PROCESS CHECKLIST**  
*(For Internal Use)*

**Form or Action Taken - Date Complete**

- Volunteer Firefighter Membership Application \_\_\_\_\_
- Application Fee Received \_\_\_\_\_ Form of Payment \_\_\_\_\_
- Certification, Agreement & Authority to Release Information Signed and Notarized \_\_\_\_\_
- Administrative Review of Application \_\_\_\_\_
- Interview with Personnel Committee \_\_\_\_\_
- Background Check \_\_\_\_\_
- Drug Screening \_\_\_\_\_
- Motor Vehicle Check \_\_\_\_\_
- Physical Examination \_\_\_\_\_ Pass \_\_\_\_\_ Fail \_\_\_\_\_
- Recommendation for Membership by Personnel Committee to E-Board \_\_\_\_\_
- Probationary Swear-In Date \_\_\_\_\_
- Accountability Tag Form \_\_\_\_\_
- Employee Handbook \_\_\_\_\_
- Mandatory Training (SOP/SOG, SCBA, Blood Borne Pathogens, Sexual Harassment) \_\_\_\_\_
- Familiarization / Orientation Program Completion \_\_\_\_\_ Score \_\_\_\_\_
- CT Firefighter I Certification \_\_\_\_\_
- Key Fob Issued \_\_\_\_\_
- Pager Issued \_\_\_\_\_
- Gear Issued \_\_\_\_\_
- Fire Department ID Issued \_\_\_\_\_
- Badge Issued \_\_\_\_\_
- Uniform Issued \_\_\_\_\_
- 6 Month Review \_\_\_\_\_

Key Points: \_\_\_\_\_  
\_\_\_\_\_

- 1 Year Review \_\_\_\_\_ Recommendation for Extension \_\_\_\_\_

Key Points: \_\_\_\_\_  
\_\_\_\_\_