

**Hartford Volunteer Fire Department
Membership Application**

Date of Application _____

Full Name _____ DOB _____

Address _____ Spouse's Name _____

Phone _____ No. of Dependents _____

SSN _____ In Case of Emergency, Notify _____

Driver's License No. _____ Restrictions _____

Class _____

Employer _____

Business Address _____ Work Hours _____

Business Phone _____ Job Description _____

Family Physician _____ General Health _____

Physical Limitations _____

Blood Type _____ Allergies? _____

Are You Presently Collecting Money From Workers Compensation? _____

How many days within the last year have you lost to a reoccurring injury or illness? _____

Have you been arrested for any offense other than a minor traffic violation? _____

Previous Fire and EMS eperience, please attach copies of certifications.

Attach copy of automobile insurance agency, state minimum required for all members.

**I Hereby Authorize Investigation of all Statements Contained Herein and Certify the
Aforementioned Statements are Correct. Misrepresentation will be cause for Non-Acceptance
or Dismissal.**

Applicant's Signature _____

Sponsoring Member _____ Comments on reverse

Date Presented to Membership _____ Approved _____ Denied _____