

# **Town of Highgate, VT**

Highgate Volunteer Fire Dept.  
PO Box 189  
Highgate Center, VT 05459

## **Membership Application**

**1. GENERAL INFORMATION**

A. Date: \_\_\_\_\_

B. Full Name: \_\_\_\_\_

C. Physical Address: \_\_\_\_\_

\_\_\_\_\_

D. Mailing Address: \_\_\_\_\_

\_\_\_\_\_

E. Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

F. Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

G. Occupation: \_\_\_\_\_

H. Drivers License #: \_\_\_\_\_

State issued from and expiration date: \_\_\_\_\_

I. Social Security Number: \_\_\_\_\_

**2. PERSONAL INFORMATION**

A. Education (optional)

Elementary	1	2	3	4	5	6
High School	7	8	9	10	11	12
College	1	2	3	4		
Other:	_____					

B. Marital Status: Married / Single / Divorced

C. Spouses name (if applicable): \_\_\_\_\_

D. Next of Kin (name): \_\_\_\_\_

E. Next of Kin (address & telephone): \_\_\_\_\_

\_\_\_\_\_

F. Emergency Contacts (name / address / phone): \_\_\_\_\_

\_\_\_\_\_

### 3. MEDICAL INFORMATION

A. Primary Physician: \_\_\_\_\_

B. Date of last physical exam: \_\_\_\_\_

C. Are you allergic to any medications? YES / NO

If yes, please list: \_\_\_\_\_

D. Do you have any physical disabilities? YES / NO

If yes, please list: \_\_\_\_\_

E. Do you wear eye glasses or contact lenses? YES / NO

**4. FIREFIGHTING DATA**

A. Do you already have any firefighting experience? YES / NO

If yes, please list certifications:

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B. Are you claustrophobic? YES / NO

**5. ADMINISTRATIVE NOTES**

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## Introductory training program for new HVFD members

Name: \_\_\_\_\_ Date Started: \_\_\_ / \_\_\_ / \_\_\_

The following training and introductory program is planned and organized for the benefit of those new firefighters upon entering our department. Its primary purpose is to aid the new member with the standard operating guidelines used by our department and to give some general information that will sustain the new member until time allows for the new members attendance at the Vermont State Essentials Course.

These new guidelines will go into effect on April 5, 2005 after review and acceptance of the members of the Highgate Volunteer Fire Department and added to the by-law changes of this year 2005.

1. After the individual has submitted their application for membership to an officer, it will be reviewed by the line officers at their meeting for general discussion. Then the perspective new member will be invited to an officers meeting for general discussion and to be made aware of what we expect of them and what they expect of us. At this time, the individual will be accepted as a probationary member and be issued gear for training purposes. The individual will not be able to attend any business meetings and will have no voting privileges until voted onto the department as a member.
2. If, after review by the line officers, the Highgate Volunteer Fire Department will accept the new member on as a probationary member for a time line of six months, the individual will have to successfully complete the following introductory program within six months. After the six months, the officers will then discuss the progress of the individual and decide if the individual will work out as an active member of the Highgate Volunteer Fire Department. At this point, the officers will approach the general membership for overview and a vote as to whether or not to accept the individual as a member of the Highgate Volunteer Fire Department. At this point, if the individual works out, the individual will be issued a pager, the combination to enter the fire station, gear that can be worn to an emergency scene, and given permission to respond to emergencies as a member of the Highgate Volunteer Fire Department. The individual will also be issued a framed certificate, welcoming them to the Highgate Volunteer Fire Department.

I certify these statement to be true, to the best of my knowledge. I hereby consent to the officers of the Highgate Volunteer Fire Department obtaining any and all information deemed necessary and appropriate.

Member Signature: \_\_\_\_\_

Date: \_\_\_ / \_\_\_ / \_\_\_

I authorize the Town of Highgate to perform any necessary and appropriate background checks.

Member Signature: \_\_\_\_\_

Date: \_\_\_ / \_\_\_ / \_\_\_

Witness Signature: \_\_\_\_\_

Witness Printed Name: \_\_\_\_\_

Date: \_\_\_ / \_\_\_ / \_\_\_                      Rank if applicable: \_\_\_\_\_

Chief Signature: \_\_\_\_\_

Date: \_\_\_ / \_\_\_ / \_\_\_