



Application Fee \$25.00  
 Medical Release

## The Volunteer Fire Department of Prospect, Inc.

P.O. Box 7001

PROSPECT, CONNECTICUT 06712

### Application For Membership

Name \_\_\_\_\_

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

Address \_\_\_\_\_

Phone number : (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

SSN. \_\_\_\_\_

Date of Birth : \_\_\_\_/\_\_\_\_/\_\_\_\_\_

U.S. Citizen  Yes  No

Date of Prospect Residence \_\_\_\_/\_\_\_\_/\_\_\_\_\_

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

Cell Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Marital Status:  Single

Employer: Name \_\_\_\_\_

Married

Address \_\_\_\_\_ City \_\_\_\_\_

Divorced

Position \_\_\_\_\_

Widowed

Hours: \_\_\_\_\_

Applying for Medical  or Fire

Are You Available For: Check One: Days  Nights

Have you ever been convicted of a crime? Yes  No

Highest Year of Education Completed: \_\_\_\_\_

Military Service or Experience : \_\_\_\_\_

Connecticut Drivers License Operator Number : \_\_\_\_\_ Type: \_\_\_\_\_

Previous Fire Department Experience:  Yes  No

Name of person at former fire department to contact for reference \_\_\_\_\_

Recommended By Prospect Fire Department Member \_\_\_\_\_

I declare the foregoing to be a truthful and complete statement of the facts. I understand that false information may be cause for rejection or dismissal of this application. I further agree to conform to all by-laws, rules and regulations of the Volunteer Fire Department of Prospect if I am accepted for membership.

Signature of Applicant \_\_\_\_\_