



NON-REFUNDABLE
\$25.00 Application Fee

The Volunteer Fire Department of Prospect, Inc.

P.O. Box 7001

PROSPECT, CONNECTICUT 06712

Application for Membership

Name _____

Date ____/____/____

Address _____

Home Phone ____-____-____

SSN _____-_____-_____

Date of Birth ____/____/____

U.S. Citizen [] Yes [] No

Date of Prospect Residence ____/____

E-mail Address _____

Cell Phone Number ____-____-____

Marital Status [] Single

Employer _____

[] Married

Address _____

[] Divorced

Position _____

[] Widowed

Hours _____

Applying for: Medical [] or Fire []

Are you available for: Days [] Nights []

Have you ever been convicted of a crime? Yes [] No []

Highest Year of Education Completed: _____

Military Service or Experience: _____

Connecticut Driver's License Number: _____ Type: _____

Previous Fire Department Experience: Yes [] No []

Name of person as 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 the false information may be caused 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 _____