



We are very pleased that you are applying to the WVFD/WVEMS for membership. By filling out this application you are applying to become a **Member of Weston Volunteer EMS.**

Your application will be considered complete when all of the following are received:

1. Membership application completed, signed and notarized.
2. Fingerprinting by the Weston Police Department. (Forms at the Police station.) You also need a letter of good conduct from the Police Department.
3. Three reference forms from friends, neighbors, associates, clergy, or fire or EMS department members, etc. sent directly to:

WVFD/WVEMS Office Manager

P.O. Box 1163

Weston, CT 06883

After all of the above requirements have been fulfilled the Membership Chairman will contact you. If your application is accepted, you will be required to pass a physical exam and get the hepatitis B immunizations, or sign the appropriate waiver.

Please contact us at joinus@westonems.com if you have additional questions.

Thank you for your interest.

TOWN of WESTON, CONNECTICUT



Incorporated 1787

Weston Volunteer Fire Dept.

Release Form

I hereby give permission for The Weston Volunteer Fire Department to complete a personal background check including both criminal and driving records. I understand this information is only to be used by the Weston Volunteer Fire Department regarding my application, will be held in the strictest confidence, and will not to be shared with any other parties.

_____ (signature) _____ (date)

Name _____
(last) (first) (maiden)

Date of birth _____ Social Security # _____

Email _____

Current address _____

Previous addresses you lived at over the last 10 years:

Weston Volunteer Fire Department - EMS Division

**P.O. Box 1163
Weston, CT 06883
(203) 222--2647**

Name_____

Address_____

Phone (H)_____ (C)_____ (W)_____

Social Security #_____

Email_____

Birthplace_____ Date of Birth_____

Employer (Start with present and go back 5 years)

Name and Address_____

Supervisor_____ Phone_____

Reason for Leaving_____

Name and Address_____

Supervisor_____ Phone_____

Reason for Leaving_____

Education

Schools/Colleges	Address	Grade(s) Completed
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_____	_____	_____
_____	_____	_____

References: List three people you will give the reference forms to:

Name Address Phone

Have you ever been a member of a Fire Dept. or EMS?

Name and address, dates of membership

Do you have current Connecticut certification as an EMR, EMT, AEMT or Paramedic?
Attach copies of certifications to this application

Marital Status: (circle) Single Married Widowed

Spouse/partner name _____

CT Driver's License # and Class _____

Have you ever been arrested? Any charges or held for any violation of any Federal, State or local law, regulation or ordinance? If so, provide the following:

Date Place Charge(s) Action taken

Person to be notified in the event of an emergency

Name _____ Relationship _____

Address _____

Phone _____

Name _____ Relationship _____

Address _____

Phone _____

I am applying for: **Membership - WVEMS**

I certify that all the above answers are true to the best of my knowledge. I further understand that any misrepresentation or omission will be grounds for immediate discharge.

Signature _____ Date _____

Subscribed & sworn to before me

This _____ Day of _____ 20 _____

Notary Public

Weston Volunteer Fire Department - EMS Division
P.O. Box 1163
Weston, CT 06883
(203) 222-2647

Applicant: Please make three copies of this and the following page and give them to each of your references

Personal Reference Request

The person named on the next page has applied for WVFD membership as a Volunteer EMT (Emergency Medical Technician) and named you as a personal reference. Please take time to answer a few questions about the applicant.

Return the completed form in a sealed envelope to:

WVFD/WVEMS Office Manager
P.O. Box 1163
Weston, CT 06883

All responses remain completely confidential—the applicant will never see this form.

We cannot complete an application until we receive your reference. If you have any questions, email joinus@westonems.com or officemgr@westonfirerescue.com

Thank you,
Weston EMS Membership
Weston Volunteer Fire Department, Inc. - EMS Division

Applicant Name _____

Reference Name _____

How long have you known the applicant?

Why do you think the applicant would make a good emergency services responder?

Describe the applicant's personality:

What special skills do you know the applicant to have?

Everyone has strengths and weaknesses, what are the applicant's pluses?

What are some areas of weakness?

Please use the space on the back of this page to give any details about your knowledge of the applicant that would be helpful to us in evaluating their membership application.