Springdale Fire Company, Inc.
987 Hope Street
Stamford, CT 06907
(203) 323-2297

SPRINGDALE FIRE COMPANY, INC.
APPLICATION FOR MEMBERSHIP

Today's Date:_____ **Date of Birth:_____**

The following information is being submitted for evaluation for MEMBERSHIP into the Springdale Fire Company, Inc.

Please print all required information:

Type of membership requested

1. **___Active**
2. **___Junior**
3. **___Dual**
4. **___Administrative**

Name:_____

Address:_____How long?_____

_____

Email:_____ Telephone:_____

Previous Address:_____ How long?_____

_____

Place of Birth:_____

Citizen: ____YES _____NO

Driver's License Number: _____

Emergency Contact:_____ **Relation:**_____

Emergency Phone:_____

Social Security Number:_____

Height:_____

Weight:_____

Highest Level of Education: (circle one) 9 10 11 12
Associates Bachelors Masters Doctorate

Name of High School:_____

Name of College:_____

Military Service:___YES___NO If yes, Which Branch:_____

Type& Date of Discharge:_____

Present Employer:_____

Address:_____

_____

Phone:_____

Position:_____

Supervisor:_____

Years with Employer:___

Previous Employer:_____

Address:_____

_____

Phone:_____

Position:_____

Supervisor:_____

Years with Employer:___

Membership in Other Fire Companies (Name and City):

(Please also list any certifications is applicable)

_____

_____

Were you ever convicted of any crime, including motor vehicle violations?

YES____NO____ If YES, Please explain:_____

_____

Please list three (3) personal references that have known you for at least two (2) years and are not relatives:

Name	Email Address	Phone Number	Years Known

I do hereby swear that the above information is true and correct to the best of my knowledge and I give my consent and authorize the Springdale Fire Company, Inc. and/or its duly authorized agent(s) to make a complete records check of the above listed information and to make a complete investigation of any federal, state, or local records that may exist concerning me. I also give my consent to take a drug screen test. The cost of the test shall be paid by SFCO, Inc. I understand that membership is a privilege subject to approval of your application upon completion of the background check and physical/drug tests.

_____ _____

Applicant's Signature **Date**

FIRE COMPANY USE ONLY

Drug Screen	Physical Exam	Background Check
_____Required	____Required	____Required
_____Complete	____Complete	____Complete
_____Pass	_____Pass	_____Pass
_____Fail	_____Fail	_____Fail

_____RECOMMENDED FOR MEMBERSHIP

_____NOT RECOMMENDED FOR MEMBERSHIP

Comments:_____

_____

_____

Reviewer:_____ **Date:**_____

Springdale Fire Company, Inc.

Background Check Authorization Form

I hereby authorize the Springdale Fire co. to conduct a background check on me. I understand that this background check will cover information including, but not limited to, criminal history, driving record. I hereby release Springdale Fire Co. and its elected officials, volunteers, agents and assigns, as well as the company performing the background check and its employees, from all liability resulting from the furnishing of this information to the Springdale Fire Co.

I certify that the statements made by me on this form and application are true, complete, and correct to the best of my knowledge and belief, and made in good faith. I understand that any false statements made herein could void my consideration as a Springdale Fire Co. Volunteer.

Signature:_____ **Date:**_____

Please print below

***Date of Birth is being requested in order to obtain accurate retrieval of records**

_____

First **Middle** **Last** **Date of Birth**

Springdale Fire Company Inc.

Volunteer Firefighter Acknowledgment of Risk and Waiver of Liability

I, the undersigned, hereby acknowledge and understand that volunteering as a firefighter with the Springdale Fire Company Inc., located at 987 Hope Street, Stamford, Connecticut, involves significant risk of injury, illness, or even death due to the inherently dangerous nature of firefighting and emergency response activities.By signing this waiver, I acknowledge and agree to the following:

1. Voluntary Participation

I am voluntarily applying to serve as a volunteer firefighter with the Springdale Fire Company Inc., and I understand that this role includes responding to emergency situations such as fires, hazardous materials incidents, vehicle accidents, medical emergencies, and other potentially dangerous scenarios.

2. Assumption of Risk

I understand and acknowledge that firefighting and related emergency response activities involve inherent risks including, but not limited to: burns, smoke inhalation, exposure to hazardous materials, falls, trauma, extreme temperatures, emotional and psychological stress, and physical exertion. I further understand that I may be exposed to extreme heat and dangerous weather conditions including, but not limited to, heavy

rain, snow, ice, high winds, and severe cold. I voluntarily assume full responsibility for any personal injury, illness, damage, or loss that may occur as a result of my participation.

Springdale Fire Company Inc.

Volunteer Firefighter Acknowledgment of Risk and Waiver of Liability

3. Fitness for Duty

I certify that I am physically and mentally capable of performing the duties required of a volunteer firefighter and understand that I may be required to undergo physical examinations or fitness evaluations to ensure I meet the standards necessary for safe participation.

4. Waiver and Release

I hereby release and hold harmless the Springdale Fire Company Inc., its officers, members, agents, and representatives from any and all liability, claims, demands, or causes of action that may arise from or relate to my service, training, or participation in activities as a volunteer firefighter, except in cases of gross negligence or willful misconduct.

5. Insurance and Benefits

I understand that as a volunteer, I may not be covered by all benefits typically provided to full-time paid employees, and I am responsible for understanding the scope of any insurance or coverage available to me through the company or city.

6. Compliance with Rules and Regulations

I agree to comply with all rules, policies, standard operating procedures, training requirements, and directives of the Springdale Fire Company and the City of Stamford Fire Department, and understand that failure to do so may result in disciplinary action or termination of my volunteer service.

By signing below, I confirm that I have read this waiver and fully understand its terms. I acknowledge the risks associated with volunteer firefighting and accept them knowingly and voluntarily.

Springdale Fire Company Inc.

Volunteer Firefighter Acknowledgment of Risk and Waiver of Liability

Full Name: _____

Signature: _____

Date: _____

Parent/Guardian Signature (if under 18):

_____ Date:

_____