



Westfield Volunteer Fire Department

653 East Street,

Middletown, Connecticut. 06457

Main: (860) 632-2690

Fax: (860) 632-2647



****Official Use Only****

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Issue Date: ____/____/____

Interview Date: ____/____/____

Date Received: ____/____/____

Probationary Date: ____/____/____

**Application must be submitted with 2 forms of identification
with at least one form being a picture I.D.**

Application for Membership

Position Applying for: (check all that apply)

☐ Firefighter

☐ E.M.S.

Name of Applicant: _____ D.O.B. _____

Home Address: _____ S.S.N. _____

City: _____ State: _____ Zip Code: _____

How Long at this address: _____ Email: _____

U.S. Citizen Yes / No Drivers License: Yes / No Lic. #: _____

Marital Status: _____ Number of Dependents: _____

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Emergency Contact Information

Name: _____

Address: _____

Phone Number: (____) _____ - _____ Relationship: _____

Name: _____

Address: _____

Phone Number: (____) _____ - _____ Relationship: _____

Occupation: _____

Employer Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: (____) _____ - _____

Do you have any physical, mental or medical impairment or disability that would
limit your performance as a member of the Westfield Vol. Fire Department?

Yes / No If Yes, Explain: _____

Have you had any previous Fire Fighting or other Emergency Response Training?
Explain: _____

Name: _____ Phone Number: (____) _____ - _____

Address: _____

City: _____ State: _____ Zip Code: _____

Name: _____ Phone Number: (____) _____ - _____

Address: _____

City: _____ State: _____ Zip Code: _____

Name: _____ Phone Number: (____) _____ - _____

Address: _____

City: _____ State: _____ Zip Code: _____

[illegible]

Signature _____ Date ____/____/____

Accepted _____ Rejected _____ By the Investigating Committee on ____/____/____