



TOWN OF CANTON VOLUNTEER Fire and EMS Department

Member Application Package

Thank you for your interest in becoming a member of the Town of Canton Volunteer Fire and EMS Department. We are proud to offer fire, EMS, and rescue services to the residents and visitors to Canton and beyond. In supplying these services, you will have access to people's homes, business, and sometimes personnel, confidential information about them. For these reasons, it's important that we thoroughly screen new applicants to protect those requiring our services. During the application process, you will be asked to:

- Fill out a membership application
- Sit down for an interview
- Provide personnel and business references
- Allow us to perform a criminal background check
- Allow us to perform a motor vehicle background check
- Agree to be available for random drug and alcohol testing
- Complete a pre employment physical

As a potential new member, many new opportunities may be made available to you. Fire division members will be offered training to become an interior firefighter, apparatus operator, rescue technician, and much more. New EMS members can take an EMT-B or EMT-I class, while fire police members will be trained in scene safety and helicopter LZ operations. Members will also be eligible for the departments paid on call program, which provides money for calls, drills, and more.

In return, we do require a commitment from you. Equipping a member with all the necessary gear is expensive, and we need to ensure that all members have the training to complete their job. Fire division members are expected to obtain either a fire fighter 1 certification or the license to become an operator within a year of joining. EMS division members must be enrolled in an EMT-B class within a year of joining, and fire police members must complete a hour class prior to beginning service. This training helps to ensure that you will be able to safely complete your job, protecting the department, those we serve, and you. The department provides this training for you, at no charge. You just need to commit to the time to complete it.

Also, there are specific requirements for each division. The fire division trains every Monday night, from approx. 7-10pm. Fire division members are required to attend 50% of the Monday night drills, or equivalent, and 15% of calls over a 6 month period. EMS division members are expected to sign up for a minimum of 48 hours a month of weeknight duty time, and 12 hours a month of weekend duty time, and attend 50% of all EMS division drills and meetings.



***TOWN OF CANTON
VOLUNTEER
Fire and EMS Department***

The application process usually takes a few weeks. To begin, fill out the attached application and bring it to any firehouse on a Monday night, e-mail it to:

HBoyko@TownofCantonCT.org , or just drop it in the mail to: 4 Market Street Collinsville, CT 06019 Att: Harriet Boyko

Any questions can be directed to: Department Chief of Fire and EMS Services at 860 693-7858

The Town of Canton Volunteer Fire & EMS Department does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, gender, marital status, national origin, disability or handicap, veteran status, or any other protected status.



**TOWN OF CANTON
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Fire and EMS Department**

EMS Certification (If you are not certified, please leave blank):

Attach Copy of All Certification(s)

Type of Certification(s) Held: _____

Connecticut Certification Number: _____ Expiration Date: _____

Professional Membership(s): _____

Record of Conviction:

Have you ever been convicted of a crime other than minor traffic offense? Yes No

If yes, fully explain: _____

(A conviction will not necessarily automatically disqualify you for membership. Rather, such factors as age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered).

Employment:

Please list employment history, with your current employer first (including U.S. Military Service), for the last 10 years. If any employment was under a different name, indicate name.

Employer: _____ Position: _____

Address: _____

Telephone: _____ Dates of Employment:

From	_____	To	_____
(Mo/Yr)		(Mo/Yr)	

Supervisor: _____ Department: _____

(Circle one) FT PT No. of Hrs. per Week: _____

Duties: _____

Reason for Leaving: _____

Employer: _____ Position: _____

Address: _____

Telephone: _____ Dates of Employment:

From	_____	To	_____
(Mo/Yr)		(Mo/Yr)	



**TOWN OF CANTON
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Fire and EMS Department**

Emergency Contact Information:

Name: _____ Phone: _____
Address: _____ Relation: _____

Name: _____ Phone: _____
Address: _____ Relation: _____

References:

Name: _____ Phone: _____
Address: _____ Relation: _____

Name: _____ Phone: _____
Address: _____ Relation: _____

Name: _____ Phone: _____
Address: _____ Relation: _____

Applicant's Certification and Agreement

- ▶ I hereby certify that the facts set forth in the above application are true and complete to the best of my knowledge. I authorize The Town of Canton Volunteer Fire & EMS Department, its Officers, and or The Town of Canton to verify their accuracy and to reference information by contacting educational institutions, references or employers, and to rely on and use such information as they see fit.
- ▶ I authorize The Town of Canton Volunteer Fire & EMS Department, its Officers, and or The Town of Canton to run a background check through local and state authorities.
- ▶ I understand that, if granted membership, falsified statements of any kind or omissions of facts called for on this application, regardless of the time of discovery, shall be considered sufficient basis for dismissal.
- ▶ I understand that should an offer of membership be extended to me and accepted that I will fully adhere to the policies, rules and regulations of the department. Furthermore, I



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understand that this agreement may be terminated at any time by the applicant or the department, with or without cause.

- ▶ I understand that there are minimum training and response requirements, and failure to meet these requirements may result in termination.

Signature of Applicant

Date

Printed Name of Applicant

Department Use Only: Do not write in this space.

Application received by:	
Date application received:	Date of interview:
Hire date:	Six months probation end date:



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC SAFETY
DIVISION OF STATE POLICE
BUREAU OF IDENTIFICATION



STATE OF CONNECTICUT
CRIMINAL HISTORY RECORD REQUEST FORM
(PLEASE TYPE OR PRINT CLEARLY)

Date: _____

To whom it may concern;

Attached you will find the Town of Canton Fire/EMS Volunteer Department's request for Criminal History Records:

Check Type of Background Search Requested:

- (XX) Conn. Only record by Name/Date of Birth search
- () Conn. Only record by Fingerprint supported search

Name of Requester: Town of Canton Fire/EMS

Requesters Address: 4 Market Street; PO Box 168

City: Collinsville State: CT Zip: 06022 Phone Number: 860-693-7858

Subject's Last Name _____ First _____ (Middle) _____ / / _____
Date of Birth

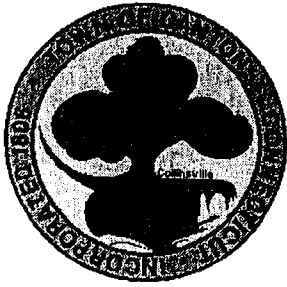
List any alias or maiden names and dates of births used:

Signature of Volunteer

Date

THE RESULT OF THIS SEARCH IS BASED ON NAME AND DATE OF BIRTH OR FINGERPRINT CARD SUBMISSION AND CONTAINS STATE OF CONNECTICUT CRIMINAL HISTORY RECORD INFORMATION ONLY. PLEASE BE ADVISED THAT THE INFORMATION YOU ARE PROVIDED IS ONLY CURRENT AS OF THE DATE THE DATA IS EXTRACTED FROM THE COMPUTERIZED CRIMINAL HISTORY RECORD SYSTEM OF THE DEPARTMENT OF PUBLIC SAFETY. THE DEPARTMENT OF PUBLIC SAFETY AND THE STATE OF CONNECTICUT ARE NOT RESPONSIBLE FOR ANY ERRORS OR OMISSIONS RESULTING FROM SUBSEQUENT DISSEMINATION OF THIS DATA. THE SUBJECT AND/OR REQUESTER ASSUME ALL LIABILITY IN THE USE OF DATA OBTAINED FROM THIS DATABASE.

Phone: (860) 685-8480 Fax: (860) 685-8361
1111 Country Club Road
Middletown, CT 06457-2389
An Equal Opportunity Employer



Town of Canton

4 Market Street, Collinsville, Connecticut 06022

Fire and EMS Department

Richard F. Hutchings
Chief of the Department

Office - 860 693 7858 Fax 860 693 7840



VOLUNTEER CRIMINAL HISTORY REQUEST AUTHORIZATION FORM

Name of Requestor: Town of Canton Fire/EMS Date: _____
Address: 4 Market Street; PO Box 168
Collinsville, CT 06022
Phone #: (860) 693-7858

Applicant's Name: _____
(First) (MI) (Last) (Maiden)

Applicant's Date of Birth: _____

Applicant's Social Security #: _____

Applicant's Current Address: _____

I, the undersigned, authorize and consent to any person, firm, organization, agency or corporation provided a copy (including photocopy) of this AUTHORIZATION TO RELEASE INFORMATION by the above stated agency the release and disclosure to such agency any and all information or records requested regarding me, including, but not necessarily limited to, criminal information records, and background. I have authorized this information to be released in connection with my application to be a volunteer with the Canton Fire/EMS Department.

Any person, firm, organization, agency or corporation providing information or records in accordance with this authorization is released from any and all claims or liability for compliance. Such information will be held in confidence in accordance with agency guidelines.

Signature of Volunteer

Date