



Shelburne Fire Department P.O. Box 911 Shelburne, Vermont 05482

Phone: 802-985-2366

Fax: 802-985-2192

Website: www.shelburnefire.org

MEMBERSHIP APPLICATION

Name: _____

Address: _____

Email: _____

Phone/Cell/Pager: _____

Present employer

Name: _____

Address: _____

Phone: _____

Supervisor/Manager: _____

How long employed? _____

Class of Membership: Cadet Active Auxiliary Support

Can you perform the essential functions of the position for which you are applying?

Have you ever been a member of a Fire Department, Rescue Squad, the Military, or similar organization? No Yes Organization: _____

How long? _____ Name of Officer: _____

Phone: _____ Reason for leaving: _____

Position held: _____ Training completed: _____



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References: (list 3 people not related to you and not listed above)

Name	Complete address	Phone/E-mail

Briefly describe why you wish to join this Department, what the Department can expect to gain from your membership, and what you expect to gain from this experience:

May the Shelburne Fire Department, the Membership Committee, or its Officers contact the people listed on this application? No Yes

If not, please explain. _____

Have you ever been convicted of a crime?

No Yes If yes, explain: _____

I understand there is a one-month waiting prior to a vote on this application by the members of the Department. Applicants are required to have a background check, Driver's License check and a medical exam. This application may be rejected for any reason and the application terminated at any time during the Probationary period without prejudice. By signing this application you affirm that the above information is correct and that you will adhere to all Department policies, procedures, and bylaws.

Signed: _____ Date: _____

Date application received: _____

Reviewed by: _____

Interview scheduled for: _____