

**Norfolk Volunteer Fire Department, Inc.**  
**20 Shepard Road, Norfolk, CT 06058**  
**Application for Membership**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ CT Drivers License & Type \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

e-mail address \_\_\_\_\_

**Membership Level:** (circle one)

**Active A** – Fire Fighting personnel who shall respond to all emergency and non-emergency calls when available. The member will be given one year to enroll in a Fire Fighter I course and two years to pass the practical test for FFI. Any candidate, who is currently FFI certified, must submit proof of certification. Must be 18 years of age and pass an annual physical examination.

**Active B** - Non-interior fire fighting support personnel who shall respond to all emergency and non-emergency calls when available. They shall have specialized status and training such as driver, pump operator, equipment setup, search and rescue, etc. They do not need be Fire Fighter I certified. Must be 18 years of age and pass an annual physical examination.

**General** – Any candidate not desiring to become an Active A or D, but wishes to assist with other duties on the scene of an emergency or functions in house.

**Fire Police** – Limited to the duties of fire police. Candidate will complete required Fire Police course within one year of membership. Any candidate, who is currently certified, must submit proof of certification. Fire Police will be sworn in for duty by the Town Clerk. Must be 18 years of age and pass an annual physical examination.

**Associate** – Any candidate who is employed in the Town of Norfolk and is in good standing in another Fire Department. Proof of Fire Fighter I certification must be submitted. Must be 18 years of age and pass an annual physical examination.

The undersigned, desirous of becoming a member of the Norfolk Volunteer Fire Department, hereby makes application to join same, and, if elected, promises to live up to the rules, regulations and by-laws.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Membership Committee Review**

Sponsors: 1. \_\_\_\_\_ 2. \_\_\_\_\_

Review Date: \_\_\_\_\_ Reviewed By: \_\_\_\_\_

Probationary Start Date: \_\_\_\_\_ Complete Date: \_\_\_\_\_ Full Member Date: \_\_\_\_\_