

# WOODSTOCK FIRE/EMS APPLICATION FOR MEMBERSHIP

**Non-emergency phone #**  
**802-457-2337**

***Mailing Address:***  
***Woodstock Fire Dept.***  
**454 Woodstock Road**  
**Woodstock, VT 05091**

Dear Prospective Member:

Thank you for your interest in becoming a member of the Woodstock Fire/EMS. The level of commitment required for our members is unlike any other volunteer organization however the rewards are unique and satisfying. This letter briefly describes the membership categories and the basic requirements for our members. We encourage you to contact us to learn more about our role in the community and the level of commitment expected of our members *before* you commit your time and talent to your community by becoming an active member of our department.

The Woodstock Fire/EMS provides professional services to the Town of Woodstock and surrounding communities. Its purpose is to provide firefighting, fire prevention, emergency medical services and any other activities which affects the safety of the population of the Town of Woodstock and the neighboring areas.

The Woodstock Emergency Services has four positions:

**CADET:** A firefighting member who is fifteen - seventeen years of age and resides or works within the primary response area. A cadet will not enter burning structures, respond to mutual aid calls and/or ems calls and must complete a six month probation period which he/she will be considered a conditional junior member. During the probationary period he/she will attend all departmental training \*(unless school or other priority interferes).

**FIRE SUPPRESSION:** A firefighting member who is at least eighteen years of age and resides or works within the primary response area. Must complete a twelve month probation period in which he/she will be considered a regular member. During the probationary period he/she will attend all departmental training\*. The firefighter must complete the first available VT state academy training class.

**EMS:** An ems member who is at least eighteen years of age and resides within the primary response area. Must complete a twelve month probation period in which he/she will be considered a regular member. During the probationary period he/she will attend all departmental training\*. Must possess a current EMR license or greater, or start service with enrollment of a VT EMS class. The EMS member will be available for a weekly duty shift (6 p.m. - 6 a.m.) and weekend Duty shift once every 5 weeks (Sat 6 a.m.-Mon 6 a.m.).

**SUPPORT:** A Member of the Fire dept., who cannot meet the physical demands of firefighting, however wishes to volunteer with the dept. The member should have administrative ability's such as IT, Bookkeeping or training- teaching experience etc. or other relevant qualifications. Must complete a twelve month probation period in which he/she will be considered a regular member.

Meeting and trainings are held the 1<sup>st</sup> Monday, 2nd Monday and 3<sup>rd</sup> Wednesday of the month, or more depending which service you join. The members are expected to make all trainings.\*Excused absence maybe allowed after contacting your supervisor.

Thank you, once again for your interest in becoming a member of Woodstock Fire/EMS. Your application will be taken into consideration by both the Fire Chief and EMS supervisor. You will be notified once your application has been processed.

## WOODSTOCK FIRE/EMS APPLICATION FOR MEMBERSHIP

### PERSONAL INFORMATION

Name: (Last, Middle, First)	Date of Birth:
Address: (Street, City)	Social Security Number:
Home #:	Cell #:
Email Address:	Smart or flip phone – OS- Android-Blackberry-IOS

Gender:	Gender:	Weight:	Height:
Hair:	Eyes:		

Driver's License #:	State:	Type/Class:
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### TYPE OF SERVICE

Which type of Woodstock Emergency Services do you have an interest in pursuing?(may check more than one)

<input type="checkbox"/> FIRE SUPPRESSION (18 years of age or older)	
<input type="checkbox"/> EMS (18 years of age or older)	
<input type="checkbox"/> CADET PROGRAM ( 15 -17 years of age)	<input type="checkbox"/> SUPPORT

### EMERGENCY CONTACT INFORMATION

Name:	Relationship:
Address:	Work Phone:
Street:	Home Phone:
City, State, Zip:	

### FIRE FIGHTING & EMERGENCY MEDICAL SERVICE EXPERIENCE

List previous **organization** membership.

Organization:	How Long:
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Address:	Supervisor:
Date you entered:	Supervisor's Telephone:
Date you left:	
Reason you left:	
Positions Held:	
Organization:	How Long:
Address:	Supervisor:
Date you entered:	Supervisor's Telephone:
Date you left:	
Reason you left:	
Positions Held:	
Organization:	How Long:
Address:	Supervisor:
Date you entered:	Supervisor's Telephone:
Date you left:	
Reason you left:	
Positions Held:	
Organization:	How Long:
Address:	Supervisor:
Date you entered:	Supervisor's Telephone:
Date you left:	
Reason you left:	
Positions Held:	

List any or all other volunteer organizations you are or have been a member (NAME and LOCATION):

#1:

#2:

#3:

Please tell us briefly why you would like to become a member of the Woodstock Fire/EMS.

## EMPLOYMENT HISTORY

List below all previous employers in last 10 years starting with most current: (use additional paper if necessary)

Current Employer:	How long:
Address:	Position Held:
City, State, Zip:	Supervisor:
Business Telephone:	Supervisor's Telephone:
Employer:	How long:
Address:	Position Held:
City, State, Zip:	Supervisor:
	Supervisor's Telephone:

## REFERENCES

Please list **three** character references (non family).

Name:	Occupation:
Address:	Work Phone:
City, State, Zip:	Home Phone:
Interviewer's Notes:	
Name:	Occupation:
Address:	Work Phone:
City, State, Zip:	Home Phone:
Interviewer's Notes:	
Name:	Occupation:
Address:	Work Phone:
City, State, Zip:	Home Phone:
Interviewer's Notes:	

## CRIMINAL HISTORY

Within the last ten years have you been convicted of a Felony or Misdemeanor including moving traffic violations?

<input type="checkbox"/> YES	<input type="checkbox"/> NO
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Do you have a Felony or Misdemeanor Case (including moving traffic violation) pending?

<input type="checkbox"/> YES	<input type="checkbox"/> NO
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If YES to the criminal history questions, explain in detail below (use additional sheet of paper if needed)

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**MEDICAL HISTORY**

Have you ever been diagnosed as, or been treated for having any of the following?

Diabetes <input type="checkbox"/>	Cardiovascular Problems (Heart Disease) <input type="checkbox"/>
Emphysema <input type="checkbox"/>	Cerebrovascular Accident (Stroke) <input type="checkbox"/>
Tuberculosis <input type="checkbox"/>	Hypoglycemia (Low Blood Sugar) <input type="checkbox"/>
Epilepsy <input type="checkbox"/>	Eyesight Defects <input type="checkbox"/> Corrected?
Cerebral Palsy <input type="checkbox"/>	Hearing Defects <input type="checkbox"/> Corrected?
Nervous Disorders <input type="checkbox"/>	Lifting Restrictions <input type="checkbox"/>

Do you have a physical limitation which may impair your ability as a fire fighter or EMS provider?

☐ YES☐ NO

If YES to any of these questions, explain in detail (use additional paper if needed).

**TOWN / VILLAGE OF WOODSTOCK  
P.O. BOX 488  
WOODSTOCK, VT 05091**

**RELEASE AUTHORIZATION**

TO ALL COURTS, PROBATION DEPARTMENTS, SELECTIVE SERVICE BOARDS,  
PHYSICIANS, HOSPITALS, EMPLOYERS, EDUCATION AND OTHER INSTITUTIONS  
AND AGENCIES WITHOUT EXCEPTION.

I, \_\_\_\_\_, am making application to the  
Town / Village of Woodstock, Vermont. As a result, an investigation is being conducted to  
determine my eligibility. Therefore, you are authorized to release to the Town / Village of  
Woodstock or its representative any and all information, documentary or otherwise pertaining to  
me, that they may request. A photostatic of this authorization will be considered as effective and  
valid as the original.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Witness: \_\_\_\_\_

Please read and sign:

I, \_\_\_\_\_ hereby make application for membership in the Woodstock Fire/EMS.

I HEREBY AFFIRM THAT ALL THE FOREGOING STATEMENTS ON THIS APPLICATION ARE TRUE AND CORRECT. IT IS UNDERSTOOD THAT A FALSE STATEMENT ON THIS APPLICATION MAY BE CONSIDERED AS SUFFICIENT CAUSE FOR REJECTION OR, IF APPLICATION IS APPROVED, DISMISSAL FROM THE WOODSTOCK FIRE/EMS DEPARTMENT.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

**For your membership application to be complete (BEFORE you turn it in), you must:**

- ☐ Provide all information requested in this application including signature (use N/A when an item is 'not applicable' to you)
- ☐ Complete Authorization to Release Information Form
- ☐ Cadet: Must also complete Cadet Membership Form
- ☐ Contact an Officer of the Department to discuss membership requirements-Who?:

How did you hear about us? (for example, Friend / Local Posting / Webpage)



**FOR DEPARTMENT USE ONLY**

Date Application Received:	
Application Received By:	
Department Interviewer:	
Background Check Conducted:	
Background Check Results / Date:	
Police Record:	
References Checked By:	

Type of Membership:		
<input type="checkbox"/> Regular	<input type="checkbox"/> Cadet	<input type="checkbox"/> Support
Date Probation ends:		
Decision:		

Date Presented to EMS Supervisor:	
EMS Supervisor Decision:	

Date Presented to Fire Chief:	
Fire Chief Decision:	

**Application Consent and Release**

**CADET ONLY**

I, \_\_\_\_\_, age \_\_\_\_\_, hereby request permission to participate in weekly drills, firefighting and other activities of the Woodstock Fire/EMS Department. It is understood and agreed that I will not enter burning structures, respond to mutual aid or EMS Calls.

Date: \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

The above application is made with my knowledge and consent, and I hereby waive any and all rights I may have as a Parent of the above named minor to recover damages to person or property which may be incurred by said minor as a result of participation in the above stated activities.

Date: \_\_\_\_\_

\_\_\_\_\_  
Parent or Guardian Signature

Address: \_\_\_\_\_

\_\_\_\_\_

ACCEPTED for the Woodstock Fire  
Fire Department this \_\_\_\_\_ day of  
\_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Chief, Woodstock Fire Department

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