

STRATFIELD VOLUNTEER FIRE DEPARTMENT
VOLUNTEER AGREEMENT

I, _____, in accepting a position as a volunteer firefighter, fully understand that during this probationary period, my general performance, training requirements, appearance, attitude, initiative, and dependability will also be evaluated.

In order to maintain a volunteer firefighter position with the Stratfield Volunteer Fire Department, it will be required that I attend all scheduled drills unless excused by the volunteer chief or his designate. If I am accepted as a volunteer firefighter before being certified, I will be required to obtain those certifications.

All information on requirements to become a volunteer firefighter is being provided to me during this interview process, and I am fully aware of what is expected of me during my probationary period or course of active membership.

Part of the application process includes a background check including but not limited to, Town, State, or Federal law enforcement agencies. My signature below indicates my consent to such a check.

Probationary Volunteer

Witness

Accepted _____

Chairman of Membership
Committee

Refused _____

Vol. Fire Chief, SVFD

Date

STRATFIELD VOLUNTEER FIRE DEPARTMENT
CONDITIONS OF ACCEPTANCE DISCUSSED DURING INTERVIEW

NAME _____

DATE _____

CONDUCTED BY _____

1. Management

Are you aware that the Fire Department is a semi-military organization and that you will be managed by individuals giving you orders?

YES _____ NO _____

Do you have any reservations about taking such direction or orders while working in this type of emergency?

YES _____ NO _____

2. Drill Schedule

Are you aware that the Fire Department manages evening drills every month and has department meetings during the year?

YES _____ NO _____

Are you able to adjust to such a training schedule as an individual or family person?

YES _____ NO _____

3. Appearance

Are you aware that the Fire Department has a dress and grooming code for all personnel?

YES _____ NO _____

Are you able to conform to department standards as indicated in attachments?

YES _____ NO _____

4. **Tardiness**

Tardiness cannot be accepted as a result of being in the Emergency Services. Therefore, strict discipline will be applied according to regulations of the department. Do you accept this?

YES _____ NO _____

5. **Shift Duty**

Are you aware that once you are certified you will be required to do a shift of duty, the hours and assignments to be arranged by the Volunteer Chief?

YES _____ NO _____

6. **Tobacco Products**

Are you aware that if you use any tobacco products, you will sever your probationary period of service with the department?

YES _____ NO _____

Do you accept this requirement?

YES _____ NO _____

7. **Physicals**

Are you aware that the department has a "Fitness for Duty" standard designed to protect the individual health of every member and that it will continue throughout your entire membership term?

YES _____ NO _____

Are you aware that by not complying with the physical requirements you will sever your probationary period or service with the department?

YES _____ NO _____

Do you accept this requirement?

YES _____ NO _____

8. **Alcohol**

Are you aware that you are not permitted to consume alcohol while on training exercises, ride-alongs, shift duty, emergency calls, or during business meetings.

YES _____ NO _____

Are you aware that if you consume alcohol while involved in any of these activities your membership will be subject to termination?

YES _____ NO _____

Are you aware that if you are using alcohol in any manner, you should not be reporting for training exercises, ride-alongs, shift duty, or emergency calls?

YES _____ NO _____

9. **Personal Conduct**

Are you aware that while off duty you are considered a representative of the department and that you are to maintain good conduct which does not reflect poorly on the department?

YES _____ NO _____

Do you maintain a personal code of conduct that would not reflect unfavorably on the department, and if you fail to do so, realize that this may be cause for membership termination?

YES _____ NO _____

10. **Holiday Schedule**

Do you agree that shifts are worked throughout the year, including holidays?

YES _____ NO _____

If your beliefs prevent you from meeting your obligation, it would be necessary for you to notify us at this time. Do you understand?

YES _____ NO _____

11. **Driver's License**

Are you aware that it will be necessary to have a valid Connecticut Driver's License and maintain it in order to drive any Fire Department vehicle?

YES _____ NO _____

Do you understand that loss of this license can be cause for termination of your driving privileges?

YES _____ NO _____

12. **Training**

Are you aware that your position as a volunteer firefighter will require a great deal of training and studying to maintain your position?

YES _____ NO _____

Are you aware that the following certifications will be required during your course of involvement with the department?

FIREFIGHTER 1 HAZMAT OPERATIONS Others as required
EMT BLOODBORNE PATHOGENS
CPR VEHICLE EXTRICATION

YES _____ NO _____

Are you aware that the Volunteer Chief will have the final word on promoting any probationary member to full active status with all the rights and responsibilities of said active status?

YES _____ NO _____

You will be expected of your own volition to improve your skills within your working profession via classes, seminars, etc. There will be a training record set up on you and any certificates should be submitted to us for documentation. Do you agree with this requirement?

YES _____ NO _____

13. **Illegal Substance**

Are you aware that you are not permitted to use or consume any amount of any illegal substance?

YES _____ NO _____

Are you aware that if you do use or consume any amount of any illegal substance your membership will be subject to termination?

YES _____ NO _____

Are you aware that if for any reason the volunteer President and/or Chief feel that there is a reasonable cause to suspect the use of illegal substances, they have the right to request an immediate urine test from the member they feel has given such cause?

YES _____ NO _____

Do you agree with this policy?

YES _____ NO _____

14. **Reimbursement Obligation**

You will be required to pay for the costs of training courses including Firefighter 1 and Emergency Medical Technician. After two (2) years of active service, and successful completion and certification, you will be fully reimbursed with receipt of payment. Do you agree with this policy?

YES _____ NO _____

APPLICANT'S SIGNATURE _____ DATE _____

SWORN TO BEFORE ME:

NOTARY PUBLIC _____ DATE _____

SEAL:

DATE COMMISSION EXPIRES _____

VOLUNTEER FIRE CHIEF'S _____ DATE _____
SIGNATURE