

# The Bennington Volunteer Fire Department

7 School Street Unit 103 | Bennington, NH 03442 | 603-588-2188 | www.benningtonnhfire.com

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## Application for Membership

Date of Application: \_\_\_\_\_

Position you are applying for: (check all that apply)  Fire Department  Rescue Squad  Auxiliary

### Your Personal Information

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Night Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

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

Availability to respond to calls:  AM  PM  Week days  Weekends

Education: (highest level completed) 6 7 8 9 10 11 12 Junior College College

List any members of the department you know: \_\_\_\_\_  
\_\_\_\_\_

Do you have a valid Drivers License?  Yes  No If yes; License No: \_\_\_\_\_ State: \_\_\_\_\_

Classification:  Operator  Class B CDL  Class A CDL

List any endorsements: \_\_\_\_\_

Have you ever been convicted of a DWI:  Yes  No If yes, when: \_\_\_\_\_

Have you ever been convicted of a crime:  Yes  No If yes, what: \_\_\_\_\_

Have you ever applied for membership before:  Yes  No If yes, when: \_\_\_\_\_

Have you ever been a member of this department before:  Yes  No If yes, when: \_\_\_\_\_

Fire / Medical Experience

Please list below any experience, training, or other pertinent information that would be helpful in considering your application. Examples; Explorers, CPR, Fire Fighter 1, Ect. Ect.

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**References**

Please give us the name, address, and telephone number of three references that are not related to you that we can contact.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Phone Number: (    ) \_\_\_\_\_ Best Time to Call: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Phone Number: (    ) \_\_\_\_\_ Best Time to Call: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Phone Number: (    ) \_\_\_\_\_ Best Time to Call: \_\_\_\_\_

**Applicant's Statement**

I certify that the information given in the above application is true and complete to the best of my knowledge. I authorize the Town of Bennington, NH, and its agency's, permission to investigate the references I have listed and to run a Motor Vehicle and Criminal Check as a precursor to consideration for membership.

I understand and acknowledge that even though this is a volunteer department that there is a commitment on my part to attend monthly meetings, (the first Tuesday of every month), Trainings, (the second Tuesday of every month), Rescue Meetings, (if applicable, the third Tuesday of every month), and Sunday Radio Checks, (see schedule), as well as calls for service.

I hereby understand and acknowledge that by signing this application and upon its acceptance by all parties that I agree to abide by all by-laws, regulations, and conditions set forth by the Bennington, NH Volunteer Fire/Rescue Department.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment with this organization is of an "AT WILL" nature, which means that the Employee may resign at any time, in writing, and the Employer may discharge the Employee at any time with or without cause.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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**For Fire Department use only**

Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_

Reviewed By:  Police     Selectmen     Fire Officers     Membership

Date Voted on by Membership: \_\_\_\_\_

Notified of Membership Vote by: \_\_\_\_\_

If Accepted by Membership, Probationary Status Start Date: \_\_\_\_\_