

**Castleton Volunteer Fire Department
Castleton, VT 05735**

Application for Membership

NAME _____
(Please print clearly or type name)

ADDRESS _____
(Complete address - include PO Box Number/Street Address/Town/State/Zip Code)

DATE OF BIRTH: _____ DRIVERS LICENSE NUMBER: _____

SOCIAL SECURITY NUMBER: ____/____/____

Type of Membership applying for: Active _____ Call _____

STATEMENT: The above information is true and accurate. In addition, I do not knowingly suffer from certain medical problems such as emphysema, epilepsy, heart disease or similar conditions which may pose a threat to the life and safety of the applicant. If I do suffer from any of the above conditions, this application is accompanied by a favorable statement from a physician.

I do have the following medical condition(s): (list all medical conditions)

Signature _____ Date _____

Candidates for active membership who are between the ages of 16 and 19 years of age must have parental consent:

Parent/Guardian Signature: _____ Date _____

*****FOR DEPARTMENT USE ONLY*****

Date _____ Relationship _____

Date Submitted _____ Date of First Reading _____

Date of Second Reading _____

Date Bylaws Signed and Copy Supplied _____

Date of Resignation _____

BUILDING BLOCKS FOR:



CASTLETON FIREFIGHTERS ASSOCIATION, INC.

PO BOX 72
CASTLETON, VT 05735

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____
 Last Name First Name M.I.

 Street Address City State Zip

 Date of Birth Social Security #

do hereby authorize a review and full disclosure of all records, or any part thereof, concerning myself by/to any duly authorized agent of the Castleton Firefighters Association, Inc., whether the said records are public or private, including those which may be deemed to be of privileged or confidential nature. The intention of this authorization is to provide information, which will be utilized for application resource verification. I further authorize the full and complete disclosure of the records of educational, financial or credit institutions, commercial and retail mercantile establishments and retail credit agencies, medical and psychiatric consultation and or treatment, including those of hospitals, clinics, private practitioners, U.S. Veterans Administration and all military and psychiatric facilities, public utility companies, employment and pre-employment records, including background investigation reports, results of polygraph examinations, efficiency ratings, complaints or grievances filed by/or against me, records of complaints of a civil nature made by or against me, including, but not limited to the records and recollections of me, including but not limited to the records and recollections of attorneys at law, or other counsel representing or have represented myself or another person in any case in which I presently have, or have had, an interest in.

A photocopy of this release form will be valid as original hereof, even though the said photocopy does not contain an original writing of my signature.

 Signature Date

 Street & Number & PO Box City State Zip Code

802-468-5066

AN ASSOCIATION FOR CASTLETON FIRE
DEPARTMENT AND THE COMMUNITY

