

SOMERVILLE AUXILIARY FIRE DEPARTMENT

Application for Membership

Applicants must be residents of the City of Somerville or bordering communities; at least 18 years of age at the time of application; have and maintain a valid Massachusetts driver's license; and must have earned a high school diploma or equivalent. Applicants are subject to an investigation by the Department of Public Safety, The Somerville Police Department, the Somerville Fire Department Investigation Unit, and the Somerville Auxiliary Fire Department. Written notification will be provided to the applicant regarding approval of membership.

Name _____ Age: Under 18 years _____ Over 18 years _____

Address _____ Home Phone (_____) _____

City _____ State _____ Zip Code _____

Have you applied for membership in the SAFD in the past? Yes No If yes, when? _____

Have you been an active member of the SAFD in the past? Yes No If yes, when? _____

How did you hear about the Somerville Auxiliary Fire Department? _____

For the purposes of reviewing driving history and background investigation the following information is required:

Date of Birth _____ Social Security Number _____

Are you a United States Citizen? Yes No If no, what is your INS status _____

Have you been convicted of a felony during the past 5 years? Yes No

If yes, please provide details _____

PARENTAL INFORMATION

Father=s Name _____ Address _____

Mother=s Name _____ City, State, Zip _____

Mother=s Maiden Name _____ Telephone (_____) _____

EDUCATION

| Name of School | City/State | Number of Years Completed | Field of Study - or - Type of Degree |
|----------------|------------|---------------------------|--------------------------------------|
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OCCUPATION

Job Title _____

Name of Company _____

Street _____

City, State, Zip _____

Work Phone (_____) _____ Ext _____

Start Date _____

MILITARY SERVICE

Branch of Military Served _____

Date of Discharge _____

Reason for Discharge _____

ACTIVITIES

List current first aid, safety or medical certificates _____
(Proof of certification is required)

List professional, trade, business or civic activities and/or offices which you currently hold or have held in the past:

REFERENCES

List three references (not immediate family members)

| Name | Address | Telephone | Relation |
|------|---------|-----------|----------|
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I hereby apply for appointment as a member of the Somerville Auxiliary Fire Department, Somerville, Massachusetts. I understand that this service is voluntary in nature and without compensation. Furthermore, I hereby give the Somerville Fire Department and the Somerville Auxiliary Fire Department authorization to contact any person, company or agency having control of any documents, records or information pertaining to me which is reasonably related to my character, fitness and qualifications for appointment.

Signature of Applicant: _____

Date _____

APPROVAL

Mayor, City of Somerville: _____

Date: _____

Chief, Somerville Fire Department: _____

Date: _____

Captain, Auxiliary Fire Department: _____

Date: _____

Start Date: _____ End Date: _____

Reason: _____