

# Somerville Auxiliary Fire Department

## Application for Membership

Applicants must be residents of the City of Somerville; 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? \_\_\_\_\_

*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

**OCCUPATION**

Job Title \_\_\_\_\_ Name of Company \_\_\_\_\_  
Street \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Work Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Ext \_\_\_\_\_

**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

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: \_\_\_\_\_