## TRITON FIRE RESCUE

# VOLUNTEER MEMBERSHIP APPLICATION FORM

NAME:		
ADDRESS:		
DATE OF BIRTH:		PHONE #:
RESIDENT OF TRITON	:YES	NO IF YES, NUMBER OF YEARS:
Please list any volunteer g	groups in which you	are involved:
Volunteer Group		Position
MEDICAL PROBLEMS	(IF ANY):	·
An applicant would have	to provide a Medica	al Certificate at your own expense.
EMPLOYER:		
1 DDDDD00		
TYPE OF WORK:		
		fire/emergency? YesNo
Why do you wish to join	the Fire Rescue team	n:
Other Information:		
		Applicant Signature
		Date
Office Use:	Assented	Dojostad:
Date Received:		Rejected:

### TRITON FIRE RESCUE

#### MEMBERSHIP COMMITTEE

#### **REGULATIONS FOR ADMISSION OF NEW MEMBERS:**

- 1. An applicant must be at least 19 years of age.
- 2. A member from another fire department may be accepted provided he/she is planning to become a resident of Triton for two or more years.
- 3. An applicant shall have a valid driver's license.
- 4. An applicant shall provide a Medical Certificate (at own expense).
- 5. An applicant shall be a resident of the Town of Triton for at least one year before being accepted into the Fire Rescue Team.
- 6. An applicant will not attend meetings and practices until he is accepted as a member. (Exception see rule 12)
- 7. An applicant may be interviewed at the request of the Membership Committee.
- 8. An applicant shall be willing to attend at least 75% of all meetings and practices, except where a good reason is provided.
- 9. All openings in the Fire Rescue Team will be advertised so that all interested persons may apply. Applications will be kept on file for six months.
- 10. An applicant shall submit a written application.
- 11. All applications will be considered by the Membership Committee and recommendations taken back to the General Meeting for final approval.
- 12. An applicant may be asked to attend a meeting and/or practice of the Fire Rescue Team at a special time noted as New Members Night.