



Underhill-Jericho Fire Department, Inc.
 PO Box 150, Underhill, Vermont 05489
 802-899-4025

MEMBERSHIP APPLICATION

Personal Data:				
Last Name:		First Name:		Initial:
Home Address:				
Email Address:				
SSN:	Date of Birth:	Primary Phone #(Home or Cell):	Alternate Phone # (Work or Cell):	
Driver License Number:		State Issued:	Expiration Date:	
Employer:			Work Phone:	
Employer's Address:				
Emergency Contact:				
Last Name:		First Name:		Initial:
Address:				
Relationship:		Primary Phone # (Home or Cell):	Alternate Phone#(Work or Cell):	

- What type of position are you applying for?
 Firefighter _____ EMS First Responder _____ Firefighter & EMS First Responder _____
 Fire Police _____ Auxiliary _____ Specialist _____ Dispatcher _____
- Do you have previous experience in the position(s) you are applying for?
 Yes _____ No _____ If yes, where: _____
- Do you have experience driving vehicles over 26,000 lb. GVW?
 Yes _____ No _____
- Have you previously submitted an application for membership to the Underhill-Jericho Fire Department?
 Yes _____ No _____ If yes, when: _____
- Have you discussed leaving work, or being late because of an emergency call with your employer?
 Yes _____ No _____
- Do you currently hold a valid Vermont issued EMR, EMT, or AEMT License:
 Yes _____ No _____ If yes, which one EMR _____ EMT _____ AEMT _____
 Vermont EMS License # _____

7. Do you have a current National Registry Card?

Yes _____ No _____ If yes, National Registry # _____

Reference Section

Please enclose / attach three (3) written letters of recommendation from non-family members.

Note: For applicants with 6 or more months of continuous service in the last 2 years on either an EMS agency or fire department, please make sure one of those letters is from the head of that service.

Please list 3 non-family references below (can be the same as used for the letters of recommendation)

Reference Name	Relationship (non-family)	Phone Number

REQUIREMENTS FOR ALL MEMBERS

- All applicants, except when applying solely for the position of specialist, will be required to successfully complete an apprenticeship program as stated in the Department Bylaws. This apprenticeship period will last for approximately one year.
- All applicants will be required to complete the National Incident Management System (NIMS) certification process for levels 100, 200 and 700 through a free online course prior to starting the apprenticeship period.
- All applicants must complete and pass a medical exam from a UJFD designated physician, at the expense of the fire department, prior to gear and equipment being issued or being allowed to respond to emergency calls.

ADDITIONAL REQUIREMENTS OF FIREFIGHTER APPLICANTS

- Firefighter applicants must complete, or show proof of completion, the Chittenden County Basic Firefighting Course or Vermont State Firefighter Level 1 course within two years of their start date.
- Applicants under the age of eighteen (18) years of age must have approval from a parent or legal guardian.

ADDITIONAL REQUIREMENTS OF EMS FIRST RESPONDER APPLICANTS

- EMS First Responder applicants will be required to complete National Incident Management (NIMS) level 800 certification through a free online course prior to starting the apprenticeship period.
- EMS First Responder applicants must complete and obtain, or show proof of a Vermont issued EMR, EMT or AEMT License and National Registry Card prior to starting the apprenticeship period.
- Applicants must be (18) years of age or older to join as an EMS First Responder.

I attest the information in this application for membership in the Underhill-Jericho Fire Department Inc. is true, complete and factual. I understand that if I am accepted, any false statements or intentional misrepresentation in this application shall be considered sufficient cause for dismissal.

I hereby authorize the Underhill-Jericho Fire Department, Inc. to conduct an investigation of my personal history, including but not limited to: a DMV driver check, criminal background check, sex offender registry check, adult and child abuse registry check, Office of Inspector General exclusion list check.

By signing this application, if accepted as a member of the UJFD, I agree to follow all applicable Federal laws, State laws and Department rules (bylaws, policies and guidelines). I hereby further certify that I am not under any obligation to pay child support or I am in good standing as defined in 15 V.S.A. Section 795, regarding child support. I hereby further certify that I am in good standing as defined in 32 V.S.A. Section 3113, with respect to, or in full compliance with a plan to pay, any and all taxes due as of this date.

Signature of Applicant

_____ Date _____

Signature of Parent or Guardian (If applicant is under 18 years old and applying for firefighting position)

_____ Date _____