

# *Ashford Volunteer Fire Department, Inc.*

**P.O. Box 1  
Ashford, Connecticut 06278  
(860) 429-9862**

## **GENERAL INFORMATION**

The Ashford Volunteer Fire Department is the sole provider of fire protection services in the Town of Ashford, and participates in mutual aid agreements with a number of surrounding towns in Windham and Tolland Counties. Members of the department operate two fire stations, one located centrally near the intersections of Connecticut Routes 44 and 89 and the second located near the heavily developed Lake Chaffee area at the northern end of Route 89.

In addition to its fire responsibilities, the department provides rescue and general emergency services for Ashford and primary emergency ambulance and medical services for the Towns of Ashford and Eastford. From its Warrenville station, the department operates one ambulance. As with its fire suppression services, the Ashford Volunteer Fire Department also maintains ambulance and rescue mutual aid agreements. In recent years, the department has responded to over 300 emergency medical and rescue calls annually.

## **MEMBERSHIP**

Membership in the Ashford Volunteer Fire Department is open to all citizens of Ashford who are 16 years of age or older. There are three classifications of members. Social Members are those wishing to participate in the social activities of the organization. In general, Social Members do not take an active role in the department's emergency service activities, and do not operate fire department emergency equipment.

Active Members are those who have passed a program of basic training approved by the chief officer, have provided the chief with a physical examination form from a physician, and as members, have been active in departmental operation and training programs. After meeting additional training requirements, active members may also qualify to operate fire apparatus, serve as ambulance crew members, and function in other specialized roles.

A third category of membership is reserved for honorary members whose services to the fire department and the community have been identified as outstanding.

## **APPLICATION**

Persons meeting membership requirements and interested in applying should fill out the attached application and return it at the next regular meeting of the organization. Regular meetings of the department are held on the second Tuesday of each month. Meetings begin at 7:30 p.m. and alternate between the Warrenville station (odd numbered months) and the Lake Chaffee area station (even numbered months). Following filing, applications are automatically tabled for one month until the next regular meeting. During this month, the applicant meets with the department's Membership Committee for a brief question and answer session.

At the next departmental meeting, tabled applications are voted upon by the membership. Approved applicants immediately become social members for a probationary period of not less than six months. An officer of the department is assigned to each new member for the purpose of orienting them to departmental equipment and policy, and to help them develop a program of approved training which will qualify them for active membership status.

During their probationary period, social members responding to emergency calls should participate only as instructed by the officer who is in charge of the incident.

ASHFORD VOLUNTEER FIRE DEPARTMENT, INC.  
MEMBERSHIP APPLICATION

NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

TELEPHONE NUMBERS:

HOME \_\_\_\_\_

WORK \_\_\_\_\_

PAGER \_\_\_\_\_

BIRTH DATE \_\_\_\_\_

PARENTAL CONSENT IF APPLICANT UNDER AGE 16 \_\_\_\_\_

OCCUPATION \_\_\_\_\_

EMPLOYER \_\_\_\_\_ WORK HOURS \_\_\_\_\_

HOBBIES \_\_\_\_\_

PREVIOUS FIRE/EMERGENCY EXPERIENCE (Name of department, number of years  
experience, certifications earned)

\_\_\_\_\_  
\_\_\_\_\_

SPECIAL SKILLS \_\_\_\_\_

TYPE OF OPERATOR'S LICENSE \_\_\_\_\_ LICENSE # \_\_\_\_\_  
(Please provide a copy of your drivers license)

SPECIAL SKILLS \_\_\_\_\_

INTERESTS: \_\_\_\_\_ FIREFIGHTING \_\_\_\_\_ RESCUE \_\_\_\_\_ AMBULANCE

EMERGENCY NOTIFICATION INFORMATION \_\_\_\_\_

\_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_