BERLIN FIRE DEPARTMENT

EST. 1957

Berlin Volunteer Fire Department Inc.

Corporate Membership Application

Welcome to the Berlin Volunteer Fire Department located in Berlin, Vermont. I would like to thank you for your consideration in joining the corporation that is the Berlin Volunteer Fire Department Inc. We have been proudly providing fire protection and emergency response services to the Town of Berlin and surrounding community for many decades.

The forms attached make up the application packet required for applying. The membership application and emergency contact form must be filled out completely, to the best of your ability in order to be considered for membership. We require this information for all applicants regardless of their desired role in the corporation. Due to the nature of the tasks given for emergency response we also require a medical history form to be fully completed if you wish to pursue the emergency response side of this corporation. While we do recommend it, the medical history form is not required for anyone who does not wish to become a first responder. Submitted alongside a completed application there must be a $25.00, non-refundable application fee paid in the form of cash or check in order to proceed with the application process. Any application submitted that lacks information or payment of the fees will not be considered until the issue is resolved.

All completed applications will be submitted to the Membership Committee for consideration. Consideration includes, but, not limited to: contacting individual references, previous Emergency Service organizations, previous employers, and a criminal and motor vehicle background check. Once the Membership Committee has reviewed your application they will then bring it to the next available business meeting which is most often held on the first Tuesday of every month at 6:30 p.m.. Your application will be read to the corporation and you will be introduced. In the event that you miss this required meeting your application will be tabled until you can be present. One month from the introduction of you and your application the corporation will hold a vote for membership. A majority vote is required for the applicant to be accepted. The results of this vote will be shared with you the night of voting.

I want to thank you for taking the time to consider membership in our organization. We look forward to a long and prosperous relationship with you. If you have any questions about this application process, please feel free to contact any member of the Membership Committee or corporation.

Again, Welcome.

John J Staab III
Corporation President
Berlin Volunteer Fire Department, Inc.

Part 1: *Firefighter Code of Ethics*

The Fire Service is a noble calling, one which is founded on mutual respect and trust between firefighters and the citizens they serve. To ensure the continuing integrity of the Fire Service, the highest standards of ethical conduct must be maintained at all times.

Developed in response to the publication of the Fire Service Reputation Management White Paper, the purpose of this National Firefighter Code of Ethics is to establish criteria that encourages fire service personnel to promote a culture of ethical integrity and high standards of professionalism in our field. The broad scope of this recommended Code of Ethics is intended to mitigate and negate situations that may result in embarrassment and waning of public support for what has historically been a highly respected profession.

Ethics comes from the Greek word ethos, meaning character. Character is not necessarily defined by how a person behaves when conditions are optimal and life is good. It is easy to take the high road when the path is paved and obstacles are few or non-existent. Character is also defined by decisions made under pressure, when no one is looking, when the road contains land mines, and the way is obscured. As members of the Fire Service, we share a responsibility to project an ethical character of professionalism, integrity, compassion, loyalty and honesty in all that we do, all of the time.

We need to accept this ethics challenge and be truly willing to maintain a culture that is consistent with the expectations outlined in this document. By doing so, we can create a legacy that validates and sustains the distinguished Fire Service institution, and at the same time ensure that we leave the Fire Service in better condition than when we arrived.

I understand that I have the responsibility to conduct myself in a manner that reflects proper ethical behavior and integrity. In doing so, I will help foster a continuing positive public perception of the fire service. Therefore, **I pledge the following…**

1. Always conduct myself, on and off duty, in a manner that reflects positively on myself, my department and the fire service in general.

2. Accept responsibility for my actions and for the consequences of my actions.

3. Support the concept of fairness and the value of diverse thoughts and opinions.

4. Avoid situations that would adversely affect the credibility or public perception of the fire service profession.

5. Be truthful and honest at all times and report instances of cheating or other dishonest acts that compromise the integrity of the fire service.

6. Conduct my personal affairs in a manner that does not improperly influence the performance of my duties, or bring discredit to my organization.

7. Be respectful and conscious of each member's safety and welfare.

8. Recognize that I serve in a position of public trust that requires stewardship in the honest and efficient use of publicly owned resources, including uniforms, facilities, vehicles and equipment and that these are protected from misuse and theft.

9. Exercise professionalism, competence, respect and loyalty in the performance of my duties and use information, confidential or otherwise, gained by virtue of my position, only to benefit those I am entrusted to serve.

10. Avoid financial investments, outside employment, outside business interests or activities that conflict with or are enhanced by my official position or have the potential to create the perception of impropriety.

11. Never propose or accept personal rewards, special privileges, benefits, advancement, honors or gifts that may create a conflict of interest, or the appearance thereof.

12. Never engage in activities involving alcohol or other substance use or abuse that can impair my mental state or the performance of my duties and compromise safety.

13. Never discriminate on the basis of race, religion, color, creed, age, marital status, national origin, ancestry, gender, sexual preference, medical condition or handicap.

14. Never harass, intimidate or threaten fellow members of the service or the public and stop or report the actions of other firefighters who engage in such behaviors.

15. Responsibly use social networking, electronic communications, or other media technology opportunities in a manner that does not discredit, dishonor or embarrass my organization, the fire service and the public. I also understand that failure to resolve or report inappropriate use of this media equates to condoning this behavior.

Developed by the National Society of Executive Fire Officers

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By signing below I pledge to follow the Firefighter Code of Ethics to the best of my abilities. If I fail to follow this code I understand that the appropriate personnel as stated by the department's By-Laws have the right to enact disciplinary action in accordance with Article X (Ten) in the department's By-Laws.

Signature(s): ____ Date: ________

Part 2: *Emergency Contact Information*

Your Physical Address: _____

Town: _____ Zip Code: _____

Emergency Contact #1: -

Full Name: _____ Relationship: _____

Phone: (_____) _____ - _____

Address: _____

Town: _____ Zip Code: _____

Emergency Contact #2: -

Full Name: _____ Relationship: _____

Phone: (_____) _____ - _____

Address: _____

Town: _____ Zip Code: _____

Emergency Contact #3: -

Full Name: _____ Relationship: _____

Phone: (_____) _____ - _____

Address: _____

Town: _____ Zip Code: _____

Part 3: *Prior Experience*

Our Department has members with all different backgrounds and experiences to help create a resourceful department. We look for people with different skills to help out in different ways across the corporation. Some of our members are welders, others are good with finances. Every skill can be beneficial if used properly. Please answer the following questions to the best of your ability to help us determine where you can help best. The answers to these questions will have no impact on whether you will be accepted or not. They are strictly to help us learn more about you.

Circle the answer that fits the most:

Do you have a background or interest in:

Business, Marketing, or Fundraising	Interested in learning	Advanced Knowledge	Fair Knowledge	Limited Knowledge	No
Science, Nursing, or Medical Fields	Interested in learning	Advanced Knowledge	Fair Knowledge	Limited Knowledge	No
Commercial Driving	Interested in learning	Advanced Knowledge	Fair Knowledge	Limited Knowledge	No
Technology, I.T. Work, or Website Dev.	Interested in learning	Advanced Knowledge	Fair Knowledge	Limited Knowledge	No
Record Keeping, Accounting or Grants	Interested in learning	Advanced Knowledge	Fair Knowledge	Limited Knowledge	No
Construction, Maintenance, or Trades	Interested in learning	Advanced Knowledge	Fair Knowledge	Limited Knowledge	No
Legal Advice or Law Enforcement	Interested in learning	Advanced Knowledge	Fair Knowledge	Limited Knowledge	No
Forest Management	Interested in learning	Advanced Knowledge	Fair Knowledge	Limited Knowledge	No
Education, Instruction, or Social Work	Interested in learning	Advanced Knowledge	Fair Knowledge	Limited Knowledge	No

Other Interests: _____

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Part 4: *Medical Information*

This information is to be accessed only during an emergency when a member needs emergency medical care. This information is confidential and is only accessible by the Chief or President or their designee. Providing this information is *optional*. This information may also be used to support the need for further medical clearance to participate in emergency response activities. It has no bearing in consideration for corporate membership.

Height: _____ **Weight:** _____ **Blood Type (if known):** _____

Primary Care Physician Name: _____ **Phone:** (___) ____ - _____

Allergies: _____

Medical / Surgical History:

_____

_____

Do you have any?

Cardiac History:	(____) Yes //	No (____)
High Blood Pressure:	(____) Yes //	No (____)
Respiratory Illness:	(____) Yes //	No (____)
Diabetes:	(____) Yes //	No (____)

Are there any medical conditions, illnesses or injuries that would prevent you from participating in strenuous activities?

(____) Yes // No (____)

If yes, explain: _____

Have you had?

Hep B vaccination:	(____) Yes //	No (____)	When: _____
TB Test:	(____) Yes //	No (____)	When: _____

Primary Hospital Preference? Fletcher Allen (UVMMC) // Dartmouth (DHMC)

Part 5: *Corporation Membership Information*

Legal Name: ____________________ ____________________ ____________________
First *Middle* *Last*

Former Full Names: __________________, __________________, __________________

Date of Birth: ____/____/________ Age:_____

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Mailing Address: ___________________ Town/State: _______, ___ Zip Code: ______

Physical Address: __________________ Town/State: _______, ___ Zip Code: ______

Home Phone #: (____) ____-_______ E-mail Address: _______________________

Cell Phone #: (____) ____-_______ Work Phone #: (____) ____-_______

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Current Employer: ______________________ Occupation: ______________________

Employer Address: _____________________ Town/State: __________, __________

Zip Code: _____________________ Employer Phone: (___) ____ - _______

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References: (May not be family or members of the Berlin Volunteer Fire Dept. Inc.)

Personal Reference:

1. Name: _________________ Phone: (___) ____ - _____ Relationship: ______

Professional References:

2. Name: _________________ Phone: (___) ____ - _____ Relationship: ______
3. Name: _________________ Phone: (___) ____ - _____ Relationship: ______

Part 6: *Emergency Responder Interest Form*

Please complete this form only if you are interested in becoming an emergency responder. This form is not an application, it just shows your interest.

The Department meets every Tuesday night starting at 6:30 p.m. until the weekly activities have concluded. During the consideration of your application you are welcome to attend and participate in our activities. While there may be some limitations on what activities you can participate in prior to becoming a corporate member, we will make every effort to include potential members. Our weekly Tuesday nights depend on the needs at the time, but generally follow the rule: 1st Tuesday is the corporate meeting; 2nd Tuesday is a classroom based training; 3rd Tuesday is a hands-on training; 4th+ Tuesdays are work sessions. While not required, attending all Tuesday night gatherings at 6:30 p.m. is highly encouraged and will expedite your path to becoming a first responder.

The decision as to whether or not you can become an emergency responder after you are accepted into the corporation rests solely with the Chief of the Department. If you are interested in serving as an emergency responder (Firefighter or EMT), you will need to fill in the following information as well as the medical form attached. Once being accepted into the corporation you will need to approach the Chief of the Department to register your interest in becoming a first responder. An assigned mentor will work with you to teach you the information needed to achieve proficiency in several areas to include but not limited to: knowledge of equipment, apparatus, standard operational guidelines (SOG's), and communication. When the Chief of the Department feels you are ready, members of the Officer Corps will conduct a technical evaluation of your knowledge. We recommend new responders complete a formal entry level education geared towards firefighting or EMS within one year of acceptance.

Questions regarding this information may be referred to any Fire Officer.

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Past Emergency Response Experience:

(Fire & EMS Included)

Previous Department: ________________ Town: ___________ State: _____

Chief's Name: ______________________ Phone: (____) _____ - __________

Length of Service: ___________________ Position: _____________________

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Previous Department: ________________ Town: ___________ State: _____

Chief's Name: ______________________ Phone: (____) _____ - __________

Length of Service: ___________________ Position: _____________________