



# *Dunn's Corners Fire Department*

*Serving Westerly & Charlestown Since 1942*

## **Volunteer Membership Application Instructions**

Dear Applicant,

Thank you for applying for volunteer membership in the Dunn's Corners Fire Department (DCFD)! We look forward to working with you in one of the best volunteer fire rescue services in the state. Becoming a member of our department is a 2-step process and is easy to complete.

- First, complete and return the Membership Application Package that's attached to this letter.
- Next, you will be asked to meet with our Membership Committee to discuss your application, explain the requirements of being a member in our department and answer any of your questions.
- Then your membership application will be read in at one of our monthly meetings for member ratification.
- Lastly, you will be assigned a Lieutenant, a mentor, and an Applicant Training Program packet that will bring you up to speed with the basic skills to be functional and safe.

### **Membership Application Package:**

1. Application Form: Fill out this form completely and sign. If you are unsure about your response to a question, leave it blank and the DCFD Membership Committee will review it with you.
2. BCI Form: All applicants over the age of 18 years must complete a Criminal Background Check. Please fill out the attached BCI form and return in with your application.

Once you have completed both parts of the Membership Application Package, please drop it off or mail it to us at Dunn's Corner Fire Department, 1 Langworthy Road, Westerly, RI 02891.

Sincerely yours,  
The Membership Committee  
Dunn's Corners Fire Department

Station # 1  
1 Langworthy Road  
Westerly, R.I.  
02891

[www.dunnscornersfire.com](http://www.dunnscornersfire.com)  
Tel: (401) 322-0577  
Fax: (401) 322- 9304

Station #2  
5664 Post Road  
Charlestown, R.I.  
02813



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**Membership Application**

Today's Date: \_\_\_/\_\_\_/\_\_\_

Name: First:\_\_\_\_\_ MI:\_\_\_ Last:\_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

Address:\_\_\_\_\_

Phone: \_\_\_\_\_ Cell Carrier: \_\_\_\_\_ Email:\_\_\_\_\_

Driver's License: State \_\_\_\_\_ # \_\_\_\_\_ Class \_\_\_\_\_ Exp \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Allergies \_\_\_\_\_

**Emergency Notification**

Name:\_\_\_\_\_ Phone (day): \_\_\_\_\_ Phone (evening): \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Fire Service Background:**

Do you have any previous fire/rescue related experience? Yes  No

Dept: \_\_\_\_\_ Phone: \_\_\_\_\_

Details: \_\_\_\_\_

**Education:**

Highest Level of Formal Education Achieved: \_\_\_\_\_

**Personal Reference:** Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

**Professional Reference:** Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_



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**Applicant Name:** \_\_\_\_\_

## Background Investigation:

Have you ever had your Driver's License revoked or suspended? Yes  No

Have you ever been disabled from a job? Yes  No

*(If yes to any of the above, please attach letter outlining the circumstances and outcome)*

## General Release:

Know all men, than I \_\_\_\_\_, of the Town of \_\_\_\_\_, do hereby authorize the Dunn's Corners Fire Department, its agents and employees to obtain the following information about me:

1. Driver's License Check
2. EMT License Check
3. Criminal Background Check

I hereby authorize any agency, organization or person in possession of such information about me, to release said information to Dunn's Corners Fire Department and agree to release the Town of Westerly, Dunn's Corners Fire District and/or the Westerly Police Department, its officers, agents, and employees, and any organization, agency or person providing such information from any liability resulting from an investigative background check for the position of Volunteer Fire Fighter of the Dunn's Corners Fire Department.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*If under 18, a parent/guardian signature is required and applicant must contact Chief Keith Kenyon.*

## Acknowledgement:

I hereby certify that, to the best of my knowledge, all of the information in the application is true and complete. I hereby give consent to the Dunn's Corners Fire Department and its representatives to verify this information by any means. I understand that if I am accepted for membership in the Dunn's Corners Fire Department and this information is subsequently found to be incomplete or inaccurate, I could be subject to disciplinary action and/or expulsion from the department. Additionally, upon resignation/termination of my membership, I will return any and all Dunn's Corners Fire Department/District property in my possession.

Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Printed \_\_\_\_\_

### Official Use Only

Application Received ___/___/___	Who Received _____		
Committee Reviewed ___/___/___	ACCEPT	REJECT	TABLE
Back Ground Check ___/___/___	ACCEPT	REJECT	TABLE
Interview ___/___/___	ACCEPT	REJECT	TABLE
Body Meeting ___/___/___	ACCEPT	REJECT	TABLE

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