



# Town of Canton

4 Market Street, Collinsville, Connecticut 06022

## ***Fire and EMS Department***

Chief of Department: Jonathan Gotaski  
Office: (860) 693-7858 Email: [jgotaski@townofcantonct.org](mailto:jgotaski@townofcantonct.org)



## **Membership Application Package**

Thank you for your interest in becoming a member of the town of Canton Volunteer Fire and EMS Department. We are proud to offer fire, EMS, and rescue services to the residents and visitors to Canton and beyond. In supplying these services, you will have access to people's homes, businesses, and sometimes personal and confidential information. For these reasons, it's important that we thoroughly screen new applicants to protect those requiring our services. During the application process, you will be asked to:

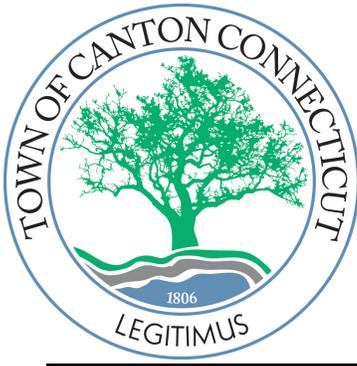
- Fill out this membership application
- Sit down for an interview
- Provide personal and business references
- Allow us to perform a criminal background check (if you are over 18)
- Allow us to perform a motor vehicle background check
- Agree to be available for random drug and alcohol testing
- Complete a Pre-employment physical

As a potential new member, many new opportunities may be made available to you. Fire division members will be offered training to become an interior firefighter, apparatus operator, rescue technician, and much more. New EMS members will have the opportunity to take an EMR or EMT class. And Fire Police members will be trained in scene safety as well as helicopter LZ operations. All new members will be eligible for the departments paid on call program, which provides money for calls, drills and more.

In return, we do require a commitment from you. Equipping a member with all the necessary gear and equipment is expensive, and we need to ensure that all members have the training to complete their job safely.

Fire division members are expected to complete a Firefighter 1 class or obtain a license to operate fire apparatus within 18 months of joining. The division trains every Monday night, from approximately 7-10pm. Each 6 months, Fire division members are expected to attend at least 10 training sessions, and at least 10% of the calls.

New EMS members are expected to be enrolled in an EMR or EMT class within 1 year of joining, and obtain certification within 18 months. EMS members are expected to complete 48 hours of duty time every month, with 12 hours being on the weekend to maintain full time status. Part time members are required to complete 24 hours every month. Members are also asked to attend



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50% of EMS drills and meetings. Drills for EMS occur once a month, with opportunities that occur to train with the fire division throughout the year

New Fire Police members will be required to complete a traffic safety class before going active.

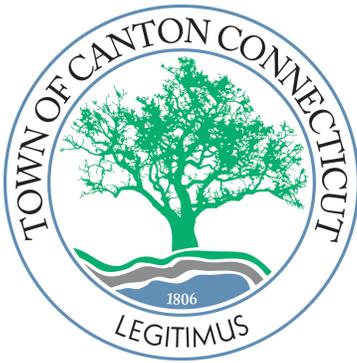
This training helps to ensure that you will be able to safely complete your job, protecting those we serve, and yourself. The department provides all this training to you at no charge, all we ask is your commitment to complete it.

The application process usually takes a few weeks. To begin, fill out the attached application and e-mail it to [membership@cantonfd.org](mailto:membership@cantonfd.org). If that is not possible, mail the application to Canton Volunteer Fire and EMS, 4 Market St. Collinsville, CT 06022

Any questions can be directed to the above e-mail address or the chief's office at (860) 693-7858.

The Town of Canton Volunteer Fire and EMS does not discriminate against race, color, creed, religion, ancestry, age, gender, marital status, national origin, disability or handicap, veteran status, or any other protected status.





**Town of Canton**  
 4 Market Street, Collinsville, Connecticut 06022  
**Fire and EMS Department**



**Fire/ EMS Experience:**

Have you ever belonged to or been employed by a Fire Department or Emergency Services organization before? Yes: \_\_\_\_ No: \_\_\_\_

Name of Department or Organization	Highest Rank	Years Served	Certifications

**Legal Information:**

Have you ever been convicted of a felony? Yes: \_\_\_\_ No: \_\_\_\_

Do you have any pending felony charges? Yes: \_\_\_\_ No: \_\_\_\_

In the last 3 years have you been convicted of a misdemeanor (including traffic violations)?

Yes: \_\_\_\_ No: \_\_\_\_

If yes, provide date(s), jurisdiction and details:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*\*This information will be verified. Your answers will not necessarily affect your membership, however it will be considered in the decision making process.**

**References:**

Please do not include family members

Name	Address	Phone number



# Town of Canton

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**Fire and EMS Department**



**Current Employer:**

(we will not contact your current employer without your consent)

Employer: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_ Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_ Hours per week: \_\_\_\_\_  
Start date: \_\_\_\_\_

What is your position & specific duties:

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List any other experiences, training or qualification that may benefit your service with the department:

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**Emergency Contact:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relation: \_\_\_\_\_



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**Applicants Certification and Agreement:**

- I hereby certify that the facts set forth in this application are true and complete to the best of my knowledge.
- I authorize the Town of Canton Volunteer Fire and EMS Department, its officers and/ or the Town of Canton to verify their accuracy and to reference information by contacting educational institutions, references or employers, and to use the information as they see fit.
- I authorize the Town of Canton Volunteer Fire and EMS Department, its officers and/ or the Town of Canton to run a background check through state or local authorities
- I understand that if granted membership, falsified statements of any kind or omissions of facts that are called for in this application, regardless of time of discovery could be considered grounds for dismissal.
- I understand that should an offer of membership be extended to me and accepted, that I will fully adhere to the policies, rules and regulations of the department. Furthermore, I understand that this agreement may be terminated at any time by the applicant or the department, with or without cause.
- I understand that there are minimum training and response requirements, and failure to meet these requirements may result in termination.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of Applicant





**STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC SAFETY  
DIVISION OF STATE POLICE  
BUREAU OF IDENTIFICATION**



**STATE OF CONNECTICUT  
CRIMINAL HISTORY RECORD REQUEST FORM  
(PLEASE TYPE OR PRINT CLEARLY)**

Date: \_\_\_\_\_

To whom it may concern,  
Attached you will find the Town of Canton Volunteer Fire & EMS Department's request for criminal history records.

**Check Type of Background Search Requested:**

- Conn. Only record by Name/Date of Birth search  
 Conn. Only record by Fingerprint supported search

**Name of Requester: Town of Canton Volunteer Fire & EMS**

**Requesters Address: 4 Market Street, P.O. Box 168**

**City: Canton      State: CT      Zip: 06019      Phone Number: (860)693-7858**

Subject's Last Name	First	(Middle)	Date of Birth
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List any alias or maiden names and dates of births used

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Signature of Volunteer	Date
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THE RESULT OF THIS SEARCH IS BASED ON NAME AND DATE OF BIRTH OR FINGERPRINT CARD SUBMISSION AND CONTAINS STATE OF CONNECTICUT CRIMINAL HISTORY RECORD INFORMATION ONLY. PLEASE BE ADVISED THAT THE INFORMATION YOU ARE PROVIDED IS ONLY CURRENT AS OF THE DATE THE DATA IS EXTRACTED FROM THE COMPUTERIZED CRIMINAL HISTORY RECORD SYSTEM OF THE DEPARTMENT OF PUBLIC SAFETY. THE DEPARTMENT OF PUBLIC SAFETY AND THE STATE OF CONNECTICUT ARE NOT RESPONSIBLE FOR ANY ERRORS OR OMISSIONS RESULTING FROM SUBSEQUENT DISSEMINATION OF THIS DATA. THE SUBJECT AND/OR REQUESTER ASSUME ALL LIABILITY IN THE USE OF DATA OBTAINED FROM THIS DATABASE.

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