



# Shapleigh Fire Department Membership Application Packet



Volunteers Serving the Community Since 1958

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Applicant, we are very pleased that you are considering submitting an application to The Shapleigh Fire Department. For your reference and convenience, a checklist of information, including procedures and requirements, is included.

Volunteering as a fire member is probably very different from any volunteering you have ever done. It takes a significant amount of time, requires uncommon dedication, and can involve significant emotional stress. We urge you to consider your application very carefully. Our behind the scenes administrative, fundraising, and support volunteers are key to furthering our crucial mission. The hard work of the individuals brings in needed funding, operates a busy administrative office, and supports the logistical needs of a complex organization. Volunteering opportunities for support members can be tailored to your interests, abilities, and schedule.

We recommend that a part of your consideration in becoming a member of the Shapleigh Fire Department includes a visit to our station. We encourage you to meet our members, explore our fleet and facilities. Meetings are held weekly on Wednesday evenings at 6:00pm, please reach out to me to schedule a visit.

Please do not hesitate to call or email if we can be of any assistance to you with your application. 207-636-2211 or email [firechief@shapleighfire.org](mailto:firechief@shapleighfire.org)

Thank you for your interest in the Shapleigh Fire Department. We look forward to receiving your application.

Sincerely,

Steve Guillemette, Fire Chief

**Mission Statement:**

The Shapleigh Fire Department will provide emergency response to any and all fire related and technical rescue emergencies. Whenever we are called on, we will be there. When other communities are in need, we will respond. We will be ever vigilant at all times. We will always maintain a high degree of professionalism. Through teamwork and dedication, compassion, and education, we will evolve and maintain a pinnacle position in the field of public safety.

**Objectives:**

The objectives of the Department shall be:

-To prevent injury and/or loss of life and prevent damage and loss of property by fire or other disasters as the Department may be called on to engage

-To foster reasonable and just regulation by the Town, State or other Governmental Agency authorized to supervise the firefighting/emergency services profession

-To encourage better understanding among the members with a view towards raising the membership as a whole to a higher standard of operation

-To cooperate for the improvement of all conditions relating to firefighting/emergency service activities

-To secure, preserve, diffuse, and interchange accurate and reliable information regarding the firefighting/emergency service profession for its members while engaged in the profession

-To establish and promote friendly things relating thereto, which may be found necessary or convenient so far as the same are permitted by law.

**Equal Opportunity Statement**

The Town of Shapleigh is an equal opportunity employer. All employees and applicants will be provided equal opportunities, and the Town shall make all its employment decisions without regard to religion, age, sex, marital status, race, color, ancestry, national origin, and physical or mental disability, except as a bona fide occupational qualification. The Town shall employ, without discrimination, the best qualified persons who are available at the salary levels established for Town employment

# Application Information and Checklist

## Applicants to Shapleigh Fire must:

- Submit a completed and signed application. A completed application includes all supporting materials listed below. Incomplete applications will not be considered.
- Sign the Volunteer Service Commitment when applying for membership
- Include 4 references, 3 professional and 1 personal reference. Only 1 member of the Shapleigh Fire Department may be used.
- Present a photocopy of your driver's license and any current Fire certifications, that you possess.

## Requirements:

- Ability to meet the time commitment as outlined in the membership job application
- Be at least 18 years of age
- Live within 35 minutes of the Shapleigh Town Line
- Possess a valid driver's license
- High School Diploma or Equivalent

## Typical Membership Process:

1. Submit complete application with all required documents
2. Application review by the Fire Chief
3. Interview with the Fire Chief and/or the Chief's designees (*This does not guarantee that all applicants will advance to the interview process*)
4. Medical Clearance/Physical-after offer of employment
5. Background check- after offer of employment
6. After confirmation of hire, a current copy of your immunization record must be submitted
7. 180-day probationary membership begins

## Types of Membership (paid/on call):

1. Volunteer Firefighter
2. Volunteer On Scene Support Staff: traffic control, truck/equipment operators
3. Volunteer Support Staff: administrative duties

Correspondence Address: Shapleigh Fire Department- PO BOX 15- Shapleigh, ME 04076

Physical Location: 506 Shapleigh Corner Road- Shapleigh, ME 04076

Public Safety Building Phone Number: (207) 636-2211

# Volunteer Service Commitment

I, \_\_\_\_\_, on my honor, hereby commit to  
(Print Full Name Here)

- Attend monthly business and educational/training meetings
- Attend monthly truck and equipment checks
- Comply with Standard Operating Guidelines and Procedures of the Shapleigh Fire Department and Policies of the Town of Shapleigh.
- Comply with the direction of Officers and follow the Chain of Command Structure.

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

\_\_\_\_\_  
Date

# Application for Membership

The Town of Shapleigh is an equal opportunity employer. All employees and applicants will be provided equal opportunities, and the Town shall make all its employment decisions without regard to religion, age, sex, marital status, race, color, ancestry, national origin, and physical or mental disability, except as a bona fide occupational qualification. The Town shall employ, without discrimination, the best qualified persons who are available at the salary levels established for Town employment.

I am applying as:

- Volunteer Firefighter
- Volunteer On Scene Support Staff: Traffic control, truck/equipment operator
- Volunteer Support Staff: administrative duties

Legal Name: \_\_\_\_\_

Last,

First,

Middle

Preferred Name: \_\_\_\_\_

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

Mailing Address (if different): \_\_\_\_\_

Telephone Number: \_\_\_\_\_

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

Please list any FIRE related skills, certifications, or professional memberships that you have:

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Please attach copies of related certification documents when submitting this application for consideration.

Have you ever been employed by the Town of Shapleigh? \_\_\_\_\_

If yes, please list the dates of employment and position(s) held:

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

## Education:

**High School Diploma:** \_\_\_\_\_ Yes \_\_\_\_\_ No

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

School Attended: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

City/State: \_\_\_\_\_

### University/Vocational School:

Years Completed: (circle one) 1 2 3 4

School: \_\_\_\_\_

City/State: \_\_\_\_\_

Certification/Degrees Earned: \_\_\_\_\_

\_\_\_\_\_

### Other Training, Certifications, or Degrees:

School: \_\_\_\_\_

City/State: \_\_\_\_\_

Major: \_\_\_\_\_

Course(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you in School Now? \_\_\_\_\_

Expected Date of Graduation: \_\_\_\_\_

Area of Academic Concentration/Major: \_\_\_\_\_

Degree Goal: \_\_\_\_\_

**Employment History:** *Start with the most recent*

**Dates of Employment:** From \_\_\_\_\_ To \_\_\_\_\_

Employer: \_\_\_\_\_

Address/Phone Number: \_\_\_\_\_

Position and General Job Duties: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

**Dates of Employment:** From \_\_\_\_\_ To \_\_\_\_\_

Employer: \_\_\_\_\_

Address/Phone Number: \_\_\_\_\_

Position and General Job Duties: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

**Dates of Employment:** From \_\_\_\_\_ To \_\_\_\_\_

Employer: \_\_\_\_\_

Address/Phone Number: \_\_\_\_\_

Position and General Job Duties: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

Have you ever been terminated from a job? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### References:

1 Personal (non-related) reference and 3 Professional references, only one reference may be a member of the Fire Department.

#### Personal:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

#### Professional:

Name: \_\_\_\_\_

Employer/Position: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_

Employer/Position: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_

Employer/Position: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_



# Application Certification and Attestation

I hereby attest that the information in this application is true and complete to the best of my knowledge. I authorize the Town of Shapleigh to verify accuracy and obtain reference information by contacting educational institutions, references, past and present employers, and current or former EMS agencies, and to rely on and use such information as they see fit.

I understand that if granted membership, falsified statements of any kind or omissions of facts called for on this application, regardless of the time of discovery, shall be considered sufficient basis for dismissal.

I understand that if I am offered membership, membership is conditioned upon my providing such other information as may be required by the department.

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

\_\_\_\_\_  
Date

**This application is valid for up to 1 year from the date received. If not acted upon within 1 year, you may submit and updated application for reconsideration.**

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## Office Use Only:

Application Received By: \_\_\_\_\_ Date: \_\_\_\_\_

Paperwork Complete? \_\_\_\_\_ Yes \_\_\_\_\_ No

Consider for Interview Process \_\_\_\_\_ Yes \_\_\_\_\_ No

Interview Scheduled-Date/Time: \_\_\_\_\_

Interview Completed by: \_\_\_\_\_

Skills/Assessment evaluation- Date of Completion \_\_\_\_\_

Recommend for Hiring? \_\_\_\_\_ Yes \_\_\_\_\_ No

Approved by Board of Selectmen \_\_\_\_\_ Yes \_\_\_\_\_ No

Physical Scheduled: \_\_\_\_\_

Background Form Completed/Processed: \_\_\_\_\_

Immunization Records Received: \_\_\_\_\_

Date 180 day Probationary Employment Begins: \_\_\_\_\_