



SUNAPEE FIRE DEPARTMENT

P.O. Box 15
Sunapee, New Hampshire 03782



SUNAPEE FIRE DEPARTMENT MISSION STATEMENT

The members of the Sunapee Fire Department, (SFD) share a unified goal to serve the community in time of need in any situation.

Members of the SFD will provide protection to its community through prevention and preservation of life and property.

The members of the SFD will exemplify qualities of leadership, promote learning, build self-esteem and friendship among its members further defining what a community is about.

EMS EMERGENCY
MEDICAL
SERVICE



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SUNAPEE FIRE DEPARTMENT MEMBERSHIP APPLICATION INSTRUCTIONS

1. Complete the membership application form in full and be sure to indicate if you are applying for Fire and/or EMS, Communications, Volunteer Auxiliary.
2. Complete the Criminal History Record Request Form and have it notarized.
3. Complete the Motor Vehicles Record Request Form and have it notarized.
4. Contact the Sunapee Police Department at 763-5555 to make an appointment to have your fingerprints taken.
5. Bring all the forms, the fingerprint cards, completed application and proof of insurance to the Fire Department Secretary who is located at the Town Clerk's Office. If you do not have access to a notary the Town Clerk's Office should be able to assist you.
6. All fees to the State of NH will be paid for by the Sunapee Fire Department

If you have any questions with forms or process please contact Betty Ramspott, Fire Department Secretary at 763-2449 during the day or 763-9481 in the evening.



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SUNAPEE FIRE DEPARTMENT MEMBERSHIP APPLICATION

DATE OF APPLICATION: _____ SOC. SEC. NO: _____ - _____ - _____

NAME: _____

MAILING ADDRESS: _____

STREET ADDRESS(if different): _____

SUNAPEE RESIDENT () YES () NO

LIVE IN SUNAPEE SINCE: _____ E-MAIL: _____

HOME PHONE: _____ WORK PHONE _____ CELL PHONE: _____

OCCUPATION: _____ EMPLOYER: _____

LENGTH OF CURRENT EMPLOYMENT: _____ WORK HOURS: _____ to _____

PRIMARY AREA OF INTEREST: (PLEASE CIRCLE)

FIRE EMS COMMUNICATIONS VOLUNTEER AUXILIARY

SPECIAL TRAINING (if any): _____



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SUNAPEE FIRE DEPARTMENT MEMBERSHIP APPLICATION (Continued)

EDUCATION HISTORY:

HIGH SCHOOL: _____

Name

City

State

COLLEGE: _____

Name

City

State

INSURANCE BENEFICIARY: _____

RELATIONSHIP: _____

DRIVING RECORD/CONVICTIONS/ARRESTS:

DRIVER'S LICENSE NUMBER: _____ STATE: _____ EXPIRATION: _____

Has your drivers' license ever been suspended or revoked? () Yes () No

If yes, give date, location and reason: _____

NAME OF YOUR AUTO INSURANCE CARRIER: _____

Have you ever been arrested, convicted or detained by the police? () Yes () No

If yes, please explain briefly: _____

State

Year

*****PLEASE ATTACH A COPY OF YOUR CERTIFICATE OF AUTO LIABILITY INSURANCE
- YOU CAN OBTAIN FROM YOUR INSURANCE COMPANY**



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SUNAPEE FIRE DEPARTMENT MEMBERSHIP APPLICATION (Continued)

REFERENCES OR ACQUAINTANCES: Please list (3) non relatives you know well

Name: _____ Phone: _____

Address: _____

What is your relationship with this person? _____

Name: _____ Phone: _____

Address: _____

What is your relationship with this person? _____

Name: _____ Phone: _____

Address: _____

What is your relationship with this person? _____

FIRE EMS COMMUNICATIONS

I certify that I am 18 years or older. I swear that there are no misrepresentations or omissions, in the foregoing statements and answers to questions. I understand that any such misrepresentations or omissions will be grounds for immediate rejections or termination. I understand that if accepted as a member of the Sunapee Fire Department that I take mandatory training as determined by the Department. I understand that I am on probation status for one year and subject to dismissal with or without cause during that period. I certify that I am in good health and am able to undertake any tasks associated with my assignments within the Department.

Signature of Applicant

Date

VOLUNTEER AUXILIARY

I certify that I am 18 years or older. I swear that there are no misrepresentations or omissions, in the foregoing statements and answers to questions. I understand that if accepted as a member of the Sunapee Fire Department Auxiliary that I will not be required to take mandatory training as determined by the Department. I understand that the Auxiliary is a Volunteer Position and that I will not receive any monetary compensation. I understand that I am on probation status for one year and subject to dismissal with or without cause during that period. I certify that I am in good health and am able to undertake any tasks associated with my assignments within the Department.

Signature of Applicant

Date





State of New Hampshire
 Department of Safety
DIVISION OF STATE POLICE
 Central Repository for Criminal Records
 33 Hazen Drive, Concord, NH 03305

CRIMINAL RECORD RELEASE AUTHORIZATION FORM

SECTION I

PLEASE TYPE OR PRINT CLEARLY, ALL INFORMATION IN THIS SECTION **MUST BE COMPLETED**

NAME _____
 LAST (MAIDEN/ALIAS) FIRST MI

ADDRESS _____
 STREET CITY STATE ZIP CODE

DATE OF BIRTH _____ HAIR COLOR _____ EYE COLOR _____ SEX _____

DRIVER LICENSE NUMBER _____ STATE _____

PURPOSE OF RECORD: Housing Employment Annulment/Expungement Other: _____

My signature below certifies I am the individual listed above and that the information provided is true.

YOUR SIGNATURE: _____ DATE _____

Signed under penalty of unsworn falsification pursuant to RSA 641:3.

SECTION II

IF RECORD IS TO BE MAILED TO YOU, OR RECEIVED BY SOMEONE OTHER THAN YOURSELF,
ALL OF SECTION II MUST BE COMPLETED

I hereby authorize the release of my criminal record conviction(s), if any, to the following individual:

Chief Daniel Ruggles, Sunapee Fire & EMS Department

NAME OF PERSON/FIRM TO RECEIVE RECORD _____

ADDRESS **PO Box 15, Sunapee, NH. 03782-0015**
 STREET CITY STATE ZIP CODE

YOUR SIGNATURE _____ DATE _____

NOTARY'S SIGNATURE _____ DATE _____
(Affix Seal) (Comm. Exp.)

 SIGNATURE OF PERSON/FIRM TO RECEIVE RECORD DATE _____

NOTE: A \$25.00 fee is required for each request - make checks payable to: State of NH - Criminal Records

RELEASE OF MOTOR VEHICLE RECORDS

(Pursuant to RSA 260:14)



NH DEPARTMENT OF SAFETY Division of Motor Vehicles

23 Hazen Drive, Concord, NH 03305
 Telephone: Driver Records/Accidents (603) 227-4040
 Registration (603) 227-4030
 Title (603) 227-4150
 Fax (603) 271-1061 (all areas)

Form DSMV 505 (Rev. 09/12)

<p>I. Requested Information: Are you requesting:</p> <p>A. <input checked="" type="checkbox"/> Your Motor Vehicle Record?</p> <p>B. <input type="checkbox"/> Another person's Motor Vehicle Record? <small>The back of this form must be completed and notarized.</small></p> <p>C. <input type="checkbox"/> Another person's Motor Vehicle Record as an authorized agent of your employer or a company? <small>A Certificate of Authority must accompany this request, or one must be on file with the Division of Motor Vehicles.</small></p>	<p>II. Requestor Information:</p> <p><i>Name of Requestor:</i> Chief Daniel Ruggles</p> <p><i>Employer/Company (if applicable):</i> Sunapee Fire & EMS Department</p> <p><i>Address:</i> PO Box 15 <i>Tele. #:</i> 603-763-5555</p> <p><i>City:</i> Sunapee <i>State:</i> NH <i>Zip:</i> 03782</p>
<p>III. Requested Records:</p> <p><input type="checkbox"/> Driver Record (Certified copy): \$ 15.00</p> <p><input checked="" type="checkbox"/> Driver Record (Non-Certified copy): \$ 15.00</p> <p><input type="checkbox"/> Driver Record (Insurance copy): \$ 15.00</p> <p><input type="checkbox"/> Registration Listing (Current Information Only): \$ 5.00</p> <p><input type="checkbox"/> Registration (Certified copy): \$ 15.00</p> <p><input type="checkbox"/> Title (Certified copy): \$ 15.00</p> <p><input type="checkbox"/> Title Search (not a duplicate title): \$ 20.00</p> <p><input type="checkbox"/> License Applications and Letters of Verification: \$ 15.00</p> <p><input type="checkbox"/> Insurance Card (Accident use only): \$ 1.00</p> <p><input type="checkbox"/> Storage/Mechanics Lien (RSA 444:4-a): \$ 0.00</p> <p><input type="checkbox"/> Accident Report (Requestor will be notified of cost): \$ 1.00 per page (\$5.00 minimum)</p> <p><input type="checkbox"/> Other: _____: \$ _____</p> <p>Make checks payable to "State of NH - DMV"</p>	<p>IV. Intended Use of Information:</p> <p><u>IMPORTANT: To be completed only if you checked Box C above</u></p> <p><input type="checkbox"/> For use in connection with any civil, criminal, administrative or arbitral proceeding. Docket # _____ Court: _____ [RSA 260:14 V (a)(2)].</p> <p><input type="checkbox"/> By a bank or similar institution to verify the accuracy of personal information submitted by the individual to the bank [RSA 260:14 V (a)(3)].</p> <p><input type="checkbox"/> For providing notice to the owner(s) of a towed or impounded vehicle [RSA 260:14 V (a)(5)].</p> <p><input type="checkbox"/> For use by any private investigative agency or security service licensed by this state for any purpose permitted pursuant to RSA 260:14, V (a), other than for bulk distribution for surveys, marketing or solicitations pursuant to RSA 260:14, V(a)(8) _____ [RSA 260:14V(a)(6)]. <small>Indicate specific reason here</small></p> <p><input type="checkbox"/> By an employer or its agent or insurer to obtain or verify information relating to a holder of a commercial driver's license [RSA 260:14 V (a)(7)].</p> <p><input type="checkbox"/> By a public utility to perform its public service obligation provided the individual has given their express consent [RSA 260:14, V (a)(9)].</p> <p><input type="checkbox"/> For an insurance company or by its authorized agent [RSA 260:14 IV (a)(2)].</p> <p><input type="checkbox"/> Vehicle or boat information only.</p> <p><input type="checkbox"/> For use by a life insurance company authorized to write life insurance policies in New Hampshire, or its authorized agent. In checking off this box, I represent that the named person's written consent to the release of the record has been obtained and that the record will be used solely in connection with claims investigation, rating, and underwriting. _____ [(RSA 260:14, V(a)(10)) <small>(Initial here)</small></p>
<p>V. Search For (provide all applicable information):</p> <p>Name: _____</p> <p>Date of Birth: _____</p> <p>Registration/Plate #: _____</p> <p>Driver License/I.D. #: _____</p> <p>Vehicle Identification #: _____</p>	<p>Last Known Address: _____</p> <p>Date of Accident: _____</p> <p>Location of Accident: _____ <small>Route/Street City/Town</small></p> <p>Other Identification Information: _____</p>

*****Reverse Side Must Be Completed Before Processing*****

