



## Tisbury Fire Department

### Membership Criteria



The Tisbury Fire Department is a volunteer fire department providing emergency services to the Town of Tisbury. TFD also provides emergency services to the towns of Oak Bluffs, Edgartown, West Tisbury, Chilmark, and Aquinnah through existing mutual aid agreements.

Full membership in the Tisbury Fire Department is open to anyone who is willing to make the required commitment and meets the following qualifications:

1. Shall be at least 18 years of age upon the effective date of membership.
2. Shall maintain a valid U.S. driver's license.
3. Shall have at least a high school diploma or equivalent.
4. Shall reside within the immediate area defined as the town of Tisbury, Oak Bluffs, Edgartown, or West Tisbury.
5. Shall have the ability to respond to calls for service either during the day, the evening, or both, whenever possible.
6. Shall submit a completed application for membership along with a copy of their current driver's license.
7. Shall not serve as an active firefighter on any other island department while maintaining full membership on the Tisbury Fire Department.
8. Shall adhere to the policies and procedures of the Tisbury Fire Department.

It is understood that the assignment/membership to a specific fire company is subject to a majority vote in the affirmative by the company members present at the time the prospective membership application is presented by the Chief of the department for consideration.

It is understood that as a condition of membership in the Tisbury Fire Department, all members have an obligation to conduct their official duties in a manner that serves the public interest, upholds the public trust, and protects the department and Town's resources. Members are expected to conduct themselves in a manner which in no way discredits their fellow members, the Tisbury Fire Department, or the Town.



## Tisbury Fire Department

### Application for Employment



Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

Education Level: \_\_\_\_\_ Are you over the age of 18? Yes  No

Previous Fire/EMS/First Aid Training or Experience: \_\_\_\_\_

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Have you ever been a member of Tisbury or any other Fire/EMS Department? Yes  No   
If so, please explain Where, When, Number of Years, Previous Rank, and in what capacity you served:

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Was your service: Full-Time  Call  Volunteer

Do you have a valid Massachusetts Driver's License? Yes  No

**Please attach a copy with your application.**

Do you have a personal vehicle, which is available for you to respond to calls? Yes  No

Have you ever driven a large truck or Fire apparatus before? Yes  No

Are you available to respond 24 hours or will your responses be limited to certain days/hours?

Most anytime  Days only  Nights only

Other: \_\_\_\_\_

Do you have a company preference?

Ladder  Pumper  Rescue  Specific Truck: \_\_\_\_\_

Can you perform all of the functions of a Tisbury Firefighter as outlined in the attached summary of duties? Yes  No

Have you ever been convicted of a felony? Yes  No

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

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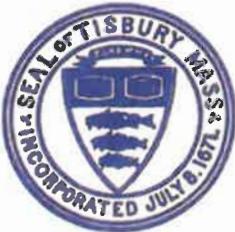
Please provide a list of character and experience references; they may be from your employment, family, friends, or other firefighters.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

The Tisbury Fire Department, in conjunction with the Massachusetts State Fire Academy, provides training and continuing education to all of its members. This requires a commitment of time. In applying to be a member of the Tisbury Fire Department, you are prepared to meet this commitment to the best of your ability.

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

Received by: \_\_\_\_\_ Date: \_\_\_\_\_



## Tisbury Firefighter

### Summary of Duties



- Firefighters are on call 24/7 and are expected to respond to all calls for service whenever possible.
- Emergency responses may result in an interrupted work schedule. Permission to leave your regular job shall be secured prior to responding.
- Some calls for service are performed in adverse weather and under conditions that may involve personal danger with exposure to hazardous environments and significant personal risk.
- Moderate to strenuous effort is required in response to calls and emergency situations.
- Firefighters are required to operate various hand tools, power tools, and all fire equipment. Firefighters must possess the ability to operate a motor vehicle.
- In the performance of their duties, firefighters are required to stand, walk, sit, reach, climb, crouch, crawl, speak, hear, and see.
- Firefighters are expected to attend meetings and training on nights and weekends.



THE COMMONWEALTH OF MASSACHUSETTS  
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY  
Department of Criminal Justice Information Services  
200 Arlington Street, Suite 2200, Chelsea, MA 02150  
TEL: 617-660-4640 | TTY: 617-660-4608 | FAX: 617-660-5973  
MASS.GOV/CJIS



**Criminal Offender Record Information (CORI)  
Acknowledgement Form**

To be used by organizations conducting CORI checks for employment, volunteer, subcontractor, licensing, and housing purposes.

**TOWN OF TISBURY** \_\_\_\_\_ is registered under the  
(Organization)

provisions of M.G.L. c.6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to \_\_\_\_\_

**TOWN OF TISBURY** \_\_\_\_\_

(Organization)

to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing \_\_\_\_\_

**TOWN OF TISBURY** \_\_\_\_\_

(Organization)

with written notice of my intent to withdraw consent to a CORI check.

**FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:**

The \_\_\_\_\_ **TOWN OF TISBURY** \_\_\_\_\_ may conduct  
(Organization)

subsequent CORI checks within one year of the date this Form was signed by me, provided, however, that  
\_\_\_\_\_ **TOWN OF TISBURY** \_\_\_\_\_ must first provide me  
(Organization)

with written notice of this check.

By signing below, I provide my consent to a CORI check and affirm that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

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*Signature of CORI Subject*

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*Date*



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**SUBJECT INFORMATION**

Please complete this section using the information of the person whose CORI you are requesting.

The fields marked with an asterisk (\*) are required fields.

\* First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

\* Last Name: \_\_\_\_\_ Suffix (Jr., Sr., etc.): \_\_\_\_\_

Former Last Name 1: \_\_\_\_\_

Former Last Name 2: \_\_\_\_\_

Former Last Name 3: \_\_\_\_\_

Former Last Name 4: \_\_\_\_\_

\* Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Place of Birth: \_\_\_\_\_

\* Last SIX digits of Social Security Number: \_\_\_\_\_  No Social Security Number

Sex: \_\_\_\_\_ Height: \_\_\_\_\_ ft. \_\_\_\_\_ in. Eye Color: \_\_\_\_\_ Race: \_\_\_\_\_

Driver's License or ID Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_

**Current Address**

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

Apt. # or Suite: \_\_\_\_\_ \*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

**GOVERNMENT-ISSUED IDENTIFICATION**

The above information was verified by reviewing the following form(s) of government-issued identification:

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

Verified by:

**Print Name of Verifying Employee**

**Signature of Verifying Employee**

**Date**