

VOLNEY VOLUNTEER FIRE CORPORATION

3002 State Route 3, Fulton, NY 13069

315-593-7473



APPLICATION FOR MEMBERSHIP

(please print clearly)

Type of Membership
Applying for:

Active _____
Support _____
Restricted _____
Explorer _____

Personal:

Legal name: _____ Date: _____

Address: _____ City/St/Zip: _____

home phone: _____ cell phone: _____

Are you over the age of 18 yrs.? Yes _____ No _____

Driver's license #: _____ State Issued: _____

Driver's License class: _____ License Expiration Date: _____

How long have you resided at the above address? _____ yrs. _____ months

Have you ever been convicted or plead guilty to a felony? (Misdemeanor, insurance fraud, arson, or a reduction of one of these offenses) If 'yes', please explain below. Yes _____ No _____

What is your availability to participate in the Volney Volunteer Fire Corporation?

Weekdays: days _____ afternoons _____ nights _____

Weekends: days _____ afternoons _____ nights _____

FOR OFFICE USE ONLY

Date application received: _____ Date reviewed: _____ Date Presented: _____

Date voted on for prob. membership: _____ Votes Received: Yes _____ No _____

Date voted on for perm. membership: _____ Voted as a perm. member: Yes _____ No _____

Employment:

Are you currently employed? Yes _____ No _____

Company: _____ Work Phone: _____

Address: _____

Supervisor: _____

How long have you been employed by this company? _____ yrs. _____ months

May we contact this employer? Yes _____ No _____

Previous Employers: _____ Phone: _____

_____ Phone: _____

Have you ever served in the military? Yes _____ No _____

If 'yes', what branch? _____ served: _____ - _____

Education/Training:

High School Name: _____ Highest grade completed: _____

Address: _____ Are you still in school? Yes _____ No _____

College Attended: _____ How many years completed?: _____

Course of study: _____

Do you have any previous fire/rescue experience: Yes _____ No _____ How many years?: _____

Please list department(s) name, address, service dates, chief's name, and phone number: _____

Please list any NYS approved fire school, training, medical certification that you have certificates for: _____

May we contact your previous department? Yes _____ No _____

Have you ever been a member of the Volney Volunteer Fire Corporation? Yes _____ No _____

Served in VVFC from _____ to _____

Health:

Is there any reason your current health condition would restrict your actions or participation as an emergency services Responder in the Volney Volunteer Fire Corporation?

Yes _____ No _____

If 'yes', please explain: _____

In order to become a member, you must retain a physical examination per OSHA regulations. Are you willing to undergo a physical exam?

Yes _____ No _____

References:

Please list three personal references (other than members of this corporation), who have known you for at least 3 years:

1. Name: _____ Phone: _____

Address: _____ City/St: _____

2. Name: _____ Phone: _____

Address: _____ City/St: _____

3. Name: _____ Phone: _____

Address: _____ City/St: _____

Please list any members of this corporation that you care to list as references:

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

3. Name: _____ Phone: _____

By signing below, I attest that all information on this application is truthful.

Applicant's signature

Date

In accordance with the Freedom of Information Law, all information contained or obtained herein will remain confidential and will be used for internal membership processing only.