



Membership Application

North Queensbury Volunteer Fire Company Inc., 2663 Route 9L, P.O.Box 651, Cleverdale NY 12820. phone 518.656.9614

GENERAL

Name: _____ Sex: Male Female

Street Address: _____

Mailing Address: _____

How long at this address? _____ years If less than 5 years, provide previous address below.

Previous Address: _____

Date of Birth: month _____ day _____ year _____ Social Security # _____ - _____ - _____

E-Mail Address: _____ Phone Number: (____) _____

Driver's License # _____ State: _____ Expiration Date: _____

Have you been convicted of any moving violation within the past three years: Yes No

NOTE Attach a copy of your current, valid driver's license (front and back). If membership is approved, this will be provided to our insurance carrier for review and approval for our driver qualification and training requirements.

EDUCATION / EXPERIENCE

High School: _____ # Years Attended: _____ Graduated: Yes No

College: _____ # Years Attended: _____ Graduated: Yes No

Trade School or Special Training: _____

Have you ever been a member of another fire company/department? Yes No

If yes, which company/department? _____

What training have you completed? FF1 Support FF1 Interior Fire Police EMT Other _____

List additional completed courses or accreditations on reverse →

Have you ever served in the military: Yes No

If so, which branch? _____ What rank did you attain? _____

HEALTH

Height: _____ Weight: _____ Blood Type: _____

Do you have any physical or mental condition which may hinder your activities as a firefighter? Yes No

Do you have any allergies? Yes No If so, what? _____

NOTE By signing below, you acknowledge that we have your permission to run a background check / investigation on you and that an initial and annual medical clearance will be required. Should your application for membership be denied as a result of information obtained during these inquiries, you will be so advised and you have the right to defend your record in front of the "Membership Review Board. Information obtained as a result of the background check and medical evaluation will be treated as confidential and only be divulged to the line officers and the Membership Review Board.

APPLICANT'S SIGNATURE _____ Date: ____ / ____ / ____

SPONSOR'S NAME (print) _____

SPONSOR'S SIGNATURE _____ Date: ____ / ____ / ____