



NOVICE 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 # _____ - _____ - _____

(Applicants for Novice Membership must be between 16 and 18 years of age)

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

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

Have you ever been convicted of any moving violation: Yes No

EDUCATION

Elementary School: _____ Graduated: Yes No

High School: _____ Present Grade _____ Graduated: Yes No

Trade School or Special Training: _____

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 (applicant and parent/guardian) acknowledge that we have your permission to run a background check / investigation on the applicant. Should the application for membership be denied as a result of information obtained during this check, 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 will be treated as confidential and only be divulged to the line officers and the Membership Review Board.

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

PARENT/GUARDIAN NAME (print) _____ Phone: (____) _____

PARENT/GUARDIAN SIGNATURE _____ Date: ____ / ____ / ____

SPONSOR'S NAME (print) _____

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

