



# Membership Application

North Queensbury Volunteer Fire Company Inc., 2663 Route 9L, P.O.Box 61, Cleverdale NY 12820. phone 518.656.9614

**PLEASE PRINT CLEARLY**

## GENERAL

NAME last: \_\_\_\_\_ first: \_\_\_\_\_ middle: \_\_\_\_\_ Alias/Maiden: \_\_\_\_\_

Date of Birth: month \_\_\_\_\_ day \_\_\_\_\_ year \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_ town \_\_\_\_\_ st \_\_\_\_\_ zip \_\_\_\_\_

Mailing Address: \_\_\_\_\_ town \_\_\_\_\_ st \_\_\_\_\_ zip \_\_\_\_\_

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

Previous Address: \_\_\_\_\_

Sex:  Male  Female Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

E-Mail Adresse(s): 1 \_\_\_\_\_ 2 \_\_\_\_\_

Phones: home (\_\_\_\_\_) \_\_\_\_\_ mobile (\_\_\_\_\_) \_\_\_\_\_ mobile carrier \_\_\_\_\_

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?  FF Exterior  FF Interior  Fire Police  EMT  Other \_\_\_\_\_

NYS Training Number: \_\_\_\_\_ 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 and 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 will 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) \_\_\_\_\_ (signature) \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_