



# NOVICE Membership Application

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

**PLEASE PRINT CLEARLY**

## GENERAL

Name: last \_\_\_\_\_ first \_\_\_\_\_ middle \_\_\_\_\_ Sex:  Male  Female

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

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

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

Mailing Address: (if different) \_\_\_\_\_

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

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

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

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

Driver's License # \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Have you ever been convicted of any moving violation: 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

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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_