

APPLICATION FOR MEMBERSHIP IN THE CLYMER VOLUNTEER FIRE DEPARTMENT

FULL NAME: _____

HOME ADDRESS: _____ HOME PH # _____

CELL PH# _____ CELL CARRIER: _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

DRIVERS LIC # _____

SOCIAL SECURITY # _____ OCCUPATION /
EMPLOYER _____

E-MAIL ADDRESS _____

REASON FOR WANTING TO JOIN THE CLYMER FIRE DEPARTMENT _____

TYPE OF DUTY YOU FEEL YOU ARE BEST SUITED FOR, OR PREFER (check all that apply).

Rescue/ EMS _____ Firefighter _____ Fire Police _____ Administration _____

I, the undersigned, make application for membership in the Clymer Vol. Fire Department, and should this application be accepted, I have read and agree to abide by the constitution and by laws of this company.

I fully understand that I am expected to:

1. Take a course in basic firefighting, fire police or EMT class within three years.
2. Perform duties and assignments as ordered by the officers of this fire department
3. Attain "Active Member" status within three years of the date of election as a probationary member, or be dropped from the rolls as a member.

I further understand that my application will be considered by the membership committee, based on the particular need in the roll in the Clymer Vol. Fire Department at the time of said application. I also agree to allow the department to conduct a criminal history check for any arson convictions in accordance with NYS law.

Membership Chairperson (sign)

Applicant (sign)

Date