

Membership Application to:

CRITTENDEN VOLUNTEER FIRE DEPARTMENT

Organized 1931

13415 Genesee Street

Crittenden, NY 14038

"I hereby make application to the Crittenden Volunteer Fire Department, Inc. for active membership and agree to be governed by the By-Laws of the Company and S.O.G."

NAME _____

PRESENT RESIDENCE _____

PHONE NUMBER _____

HOW LONG AT RESIDENCE _____

DATE OF BIRTH _____

SOCIAL SECURITY NUMBER _____

DRIVER'S LICENSE NUMBER _____

PRIOR FIREFIGHTING EXPERIENCE, IF ANY _____

PRIOR FIRST AID / EMS EXPERIENCE, IF ANY _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY (IF YES, EXPLAIN) _____

IS APPLICATION FEE OF FIVE DOLLARS (\$5.00) ENCLOSED? _____

I affirm that the statements on this application form are true. I also authorize the Crittenden Membership Committee to perform a Driver's License review and Criminal History review, if they so require.

_____ Signature of Applicant _____ Date

Please mail to: Crittenden Volunteer Fire Department
P.O. Box 120
Crittenden, NY 14038

OR drop off your application to 13415 Genesee Street

_____ Chief

_____ 1st Assistant Chief

_____ 2nd Assistant Chief

_____ Member