Cassadaga Vol.Fire Dept.

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Cassadaga280@netsync.net

CASSADAGA VOLUNTEER FIRE DEPARTMENT
MEMBERSHIP APPLICATION

NAME: _____ DATE OF BIRTH: _____ AGE: _____ PHONE #: _____

ADDRESS: _____ OCCUPATION: _____

US CITIZEN: YES / NO EVER CONVICTED OF FELONY? YES / NO _____ HOW LONG LIVING IN CASSADAGA AREA: _____

IN CASE OF EMERGENCY NOTIFY: _____ RELATIONSHIP: _____ PHONE #: _____

AS A MEMBER, WILL YOU:
◯ TAKE ALL REQUIRED TRAINING? ◯ ATTEND MEETINGS ◯ ATTEND FIRES, EMS CALLS & DRILLS? ◯ ATTEND OTHER DEPARTMENT ACTIVITES?

HAVE YOU EVER APPLIED FOR MEMBERSHIP TO ANY OTHER FIRE DEPARTMENT OR COMPANY? YES / NO
IF YES, WHERE AND LENGTH OF SERVICE _____
PLEASE SUBMIT A LETTER OF RECOMMENDATION IF POSSIBLE
LIST ANY PREVIOUS FIRE AND/OR RESCUE TRAINING _____

GENERAL HEALTH: IF REQUIRED, ARE YOU WILLING TO SUBMIT TO THE FOLLOWING? ◯ HEALTH PHYSICAL ◯ DRUG SCREENING

WHAT IS YOUR PRESENT HEALTH CONDITION? _____
LIST ANY MEDICAL RESTRICTIONS / ALLERGIES _____

DRIVERS LICENSE # _____ CLASS _____ ENDORSEMENTS _____

RESTRICTIONS _____

THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I HEREBY AUTHORIZE THE CASSADAGA VOLUNTEER FIRE DEPARTMENT TO CONDUCT A DRIVIGN AND CRIMINAL RECORDS CHECK.

SIGNATURE: _____ DATE: _____

DEPARTMENT USE ONLY

DATE OF SUBMISSION: _____ DATE OF INTERVIEW: _____ DATE OF ACCEPTANCE: _____

BACKGROUND CHECK RESULT: _____ DATE OF DENIAL _____ REASON FOR DENIAL: _____

INTERVIEWD BY:

SIGNATURE / TITLE _____

SIGNATURE / TITLE _____