

ID # \_\_\_\_\_

# CAMPVILLE FIRE DEPARTMENT MEMBERSHIP APPLICATION

NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

BUISNESS PHONE: \_\_\_\_\_

DRIVER'S LICENSE NUMBER: \_\_\_\_\_

NEXT OF KIN: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

FIREMATICS OR EMERGENCY SERVICES EXPERIENCES: \_\_\_\_\_

INTEREST IN: FIREMATICS: \_\_\_\_\_ EMS: \_\_\_\_\_ FIRE POLICE: \_\_\_\_\_

I REALIZE THE SERIOUSNESS OF THE RESPONSIBILITIES CONNECTED WITH BEING A MEMBER OF THE CAMPVILLE FIRE DEPARTMENT. I AM WILLING TO GIVE FREELY OF MY TIME TO RESPOND TO FIRES AND/OR EMERGENCY CALLS, TO ATTEND DRILLS AND MEETINGS AND TO WORK ON COMMITTEES. I HAVE READ AND AGREE TO LIVE UP TO THE BY-LAWS OF THE DEPARTMENT. I ALSO HAVE BEEN INFORMED THAT I MUST OBTAIN A PHYSICAL PROVIDED BY THE DEPARTMENT AND LOURDES.

DO YOU HAVE ANY KNOWN MEDICAL CONDITIONS: YES: \_\_\_\_\_ NO: \_\_\_\_\_

IF YES EXPLAIN: \_\_\_\_\_

SIGNATURE : \_\_\_\_\_ DATE: \_\_\_\_\_

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APPLICANT HAS BEEN ACCEPTED AS A MEMBER OF THE CAMPVILLE FIRE

DEPARTMENT: YES: \_\_\_\_\_ NO: \_\_\_\_\_

CHAIRMAN EXECUTIVE COMMITTEE : \_\_\_\_\_ DATE: \_\_\_\_\_

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THIS APPLICATION WAS PRESENTED TO THE TOWN OF OWEGO BOARD OF FIRE COMMISSIONERS AND WAS APPROVED / REJECTED AT THE BOARD OF MEETING DATED ; \_\_\_\_\_

CHAIRMEN T.O.F.D. BOARD OF FIRE COMMISSIONERS:

\_\_\_\_\_ DATE: \_\_\_\_\_