

Union Hill Volunteer Firemen's Association

PO Box 112 Union Hill, NY 14563 | Phone: 585.265.1515 | Fax: 585.265.0229

Visit us on the web at www.uhfd.org

APPLICATION FOR MEMBERSHIP

Please Note: A copy of your driver's license and the \$5.00 membership fee is required upon submitting this application.

Date: _____

Fire: _____ Ambulance: _____ Dispatcher: _____ Clerical: _____
Medic: _____ Driver: _____ Fire Prevention: _____

Name: _____
(Last Name) (First Name) (M.I.)

Address: _____

Town, State, Zip Code: _____

Telephone –

Home: _____ Work: _____

How long have you lived at the above address? _____

How long have you resided in New York State? _____

Are you at least 18 years of age? (YES) | (NO)

Are you a citizen of the United States of America? (YES) | (NO)

Have you ever been known by any other name(s)? If so please list them below.

Current Employment –

Company Name: _____ Job title: _____

Employed from _____ to _____

Name of immediate supervisor: _____

Phone number: _____

When are you most available? Day: _____ Evening: _____ Overnight: _____

Do you currently hold any certifications for fire or ambulance (CPR, First Aid, Pump Operations, Essentials of Firemanship, etc?) (YES) | (NO)

If yes, please list: _____

(Please include a copy of any certificates or proof that you have completed these certifications, EX – EMT Card, EF Certificate, CPR Card, First Aid Card ect...)

Have you ever been a member of the U.S. Armed Forces? (YES) | (NO)

Have you ever been convicted of any misdemeanor or felony? (YES) | (NO)

If so, please explain: _____

Have you been convicted of arson or any fire-related offense? (YES) | (NO)

References –

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

How did you find out about the Union Hill Fire Department? _____

Please list the names of any acquaintances that are members of the Union Hill Fire Department: _____

“I certify that all of the above information is true and accurate to the best of my knowledge. I agree to abide by the terms of membership and grant the permission to the association or their representatives to verify the information provided on this application”

(Signature)

----- FIRE DEPARTMENT USE ONLY -----

\$5 Paid: ___ Drivers license: ___ Background check: ___ EMT Card: ___

EF Certificate: ___ CPR Card: ___ First Aid Card: ___

Approved: _____ Disapproved: _____

Signatures of Membership Committee Members Present:

(Signature)

(Signature)

(Signature)

(Signature)

(Signature)

(Signature)

Date of interview: _____