



KNOX VOLUNTEER FIRE COMPANY

Post Office Box 131, Knox, New York 12107
Phone: 518 872-0368 Fax: 518 872-0388
E-mail: knoxvfd@yahoo.com



Application for Membership

Date: _____

1. _____
(Last Name) (First Name) (Middle Initial)

2. _____
(Address) (Apt. No.)

(City) (State) (Zip)

3. Telephone: (____) _____ (____) _____ (____) _____
(Home) (Work) (Cell)

4. Date of birth: _____
(MM/DD/YYYY)

5. How long have you lived at the above address? Years: _____ Months: _____

6. How long have you lived in New York State? Years: _____ Months: _____

7. Do you have a valid driver's license? Yes ____ No ____

Issuing State: _____ Class: _____ License Number: _____

8. Current Occupation: _____

Employer: _____ Phone: (____) _____

Address: _____

Normal Days/Hours of Work: _____

May we contact your employer as a reference? Yes ____ No ____

9. Have you ever been a member of the United States Armed Forces? Yes ____ No ____

Branch: _____

Dates of service: From: _____ To: _____
(MM/YYYY) (MM/YYYY)

Did you receive an Honorable Discharge? Yes ____ No ____

10. Have you ever been a member of another emergency service (fire, rescue, police or emergency medical service agency)? Yes ____ No ____

Name of Agency: _____

Address: _____

Contact Person: _____ Telephone: (____) _____

Reason for Leaving: _____

11. Sponsoring member: _____

12. Please list two personal references who have known you for at least 3 years:

A. Name: _____ Telephone: (____) _____

Address: _____

B. Name: _____ Telephone: (____) _____

Address: _____

13. Have you ever been convicted of, or pled guilty to, a felony, misdemeanor, insurance fraud, arson, or a reduction to these offences? Yes ____ No ____ If "Yes" please give details on the back of this application form.

14. OSHA regulations require you to pass a physical examination before becoming a firefighter. The Company's designated health care provider will provide you with a free medical examination. Will you be willing to undergo a medical examination? Yes ____ No ____

15. Is any additional information about a change in your name or your use of another name or nickname necessary to enable a check on your eligibility for membership? Yes ____ No ____

If "Yes" please explain below:

By signing this application you certify all of the above statements are true and correct and that you also give your permission to the Knox Volunteer Fire Company to do an appropriate background check to determine if you are eligible to become a member of the fire service.

Signature: _____ Date: _____



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Parental/Guardian Consent Form For Junior Members Under 18 Year of Age

I/We do hereby give permission for our son/daughter to become a member of the Knox Volunteer Fire Company.

I/We understand that by becoming a member of the company my son/daughter will participate in all company activities which include, but are not limited to, EXTERIOR FIREFIGHTING, TRAINING, FUND RAISING and any other appropriate activities deemed necessary by the officers of the Knox Volunteer Fire Company.

All members under 18 years of age are expected to follow company guidelines and maintain passing grades in school to continue to participate in company activities.

Applicants Name: _____

Applicants Address: _____

Applicants Date of Birth: _____ Age: _____

Applicants Phone No.: _____

Person to Contact in Case of Emergency: _____

Emergency Contact Numbers: _____ (home)

_____ (cell)

_____ (other)

Parent/Guardian Signature: _____ Date: _____