

# VOLUNTEER HOSE COMPANY NO. 1

## SUFFERN FIRE DEPARTMENT

SUFFERN, NEW YORK 10901

### ACTIVE MEMBERSHIP APPLICATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Years at address \_\_\_\_\_ Previous address if less than 2 years:

\_\_\_\_\_

Marital status: married \_\_\_ single \_\_\_ Date of birth: \_\_\_\_\_

Social security #: (Place on back) Phone no. (\_\_\_\_) \_\_\_\_\_

E-mail address \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone no. (\_\_\_\_) \_\_\_\_\_

Describe any limiting disabilities:

\_\_\_\_\_

Occupation: \_\_\_\_\_ Employers name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone no. (\_\_\_\_) \_\_\_\_\_ Length of employment \_\_\_\_\_

Years of previous FD experience: \_\_\_\_\_ Offices held \_\_\_\_\_

Names & address of Fire Department:

\_\_\_\_\_

\_\_\_\_\_

List two references who have known you for at least 2 years:

	Name	Address	Occupation	Phone no.
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____

The information on this application is true and complete. Willful misrepresentation of facts will be cause for rejection.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Proposed by: \_\_\_\_\_ Recommended by: \_\_\_\_\_

Executive committee action: Approved \_\_\_ Rejected \_\_\_ Date \_\_\_\_\_

Membership 1<sup>st</sup> reading: \_\_\_\_\_ 2<sup>nd</sup> reading: \_\_\_\_\_

Company action: Approved \_\_\_\_\_ Rejected \_\_\_\_\_ Date \_\_\_\_\_