



## MACEDON CENTER VOLUNTEER FIRE DEPARTMENT

### APPLICATION FOR MEMBERSHIP.

I am applying for: ☐ Active Firefighter Membership  
☐ Social Membership

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#### Personal Information

Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Street \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Social Security # \_\_\_\_/\_\_\_\_/\_\_\_\_

Drivers License # \_\_\_\_\_ Class \_\_\_\_\_

Are your driving privileges revoked or have they ever been revoked? \_\_\_\_\_

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Do you have any physical or medical limitations/conditions that would restrict your ability to perform firefighting duties? \_\_\_\_\_

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

#### Employment Information

Employer \_\_\_\_\_ Occupation/Title \_\_\_\_\_

Employer Address \_\_\_\_\_

Contact Person/Phone \_\_\_\_\_

Work Schedule \_\_\_\_ to \_\_\_\_ Mon Tues Wed Thurs Fri Sat Sun

Would your employer have a problem if you were late to work due to an emergency call? \_\_\_\_\_

### **Previous Experience**

Do you have any past experience in firefighting? \_\_\_\_\_ If yes, please fill out the remainder of the section.

Fire Department \_\_\_\_\_ Date Joined \_\_\_\_\_ Date Left \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Fire Department \_\_\_\_\_ Date Joined \_\_\_\_\_ Date Left \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Fire Department \_\_\_\_\_ Date Joined \_\_\_\_\_ Date Left \_\_\_\_\_

Reason for leaving \_\_\_\_\_

### **Please list any fire related training/certification you have**

- \_\_\_\_\_ Date taken: \_\_\_\_\_
- \_\_\_\_\_ Date taken: \_\_\_\_\_
- \_\_\_\_\_ Date taken: \_\_\_\_\_
- \_\_\_\_\_ Date taken: \_\_\_\_\_
- \_\_\_\_\_ Date taken: \_\_\_\_\_

### **Please list any past leadership position or special duties you performed in the fire service**

- \_\_\_\_\_ Department: \_\_\_\_\_ Dates: \_\_\_\_\_
- \_\_\_\_\_ Department: \_\_\_\_\_ Dates: \_\_\_\_\_
- \_\_\_\_\_ Department: \_\_\_\_\_ Dates: \_\_\_\_\_
- \_\_\_\_\_ Department: \_\_\_\_\_ Dates: \_\_\_\_\_
- \_\_\_\_\_ Department: \_\_\_\_\_ Dates: \_\_\_\_\_

### **Background**

Have you ever been convicted of any crime? (Felony or Misdemeanor) \_\_\_\_\_

If yes, please describe:

\_\_\_\_\_  
\_\_\_\_\_

### **Affidavit**

The information provided is true to the best of my knowledge. I understand that if at any time I provide information that is knowingly false, I may be disqualified for membership

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date