



MACEDON CENTER VOLUNTEER FIRE DEPARTMENT

APPLICATION FOR MEMBERSHIP.

I am applying for: Active Firefighter Membership
 Social Membership

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Are your driving privileges revoked or have they ever been revoked?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 _____

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Reason for leaving _____

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Reason for leaving _____

Please list any fire related training/certification you have

- _____ Date taken: _____

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

- _____ 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