

Spencer Fire Department

Application for Membership

Date _____

Applicant to complete below

First Name _____

Last Name _____

Mailing Address: _____

Town/Village _____ State _____ Zip _____

Place of Residence _____

Town/Village _____ State _____ Zip _____

Residence Phone # _____ Cell Phone # _____

Emergency Contact _____ Contact Phone # _____

Relevant work experience _____

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

Do you have a valid New York State drivers license? YES NO

Have you ever been convicted of any traffic offense or crime? YES NO

Are you at least 18 years old? If not, write in your age _____ YES NO

Reference Contact Name _____ Contact # _____

Reference Contact Name _____ Contact # _____

Reference Contact Name _____ Contact # _____

Fire Fighter and Emergency Medical Experience

Are you currently or have you ever been a fire fighter? YES NO

If Yes, where? _____

Are you currently or have you ever been an EMT or First Responder? YES NO

If Yes, where? _____ EMT # _____

List Training Course/Certificates _____

The above information is correct to The best of my knowledge and affirmed under penalty of perjury

Applicant signature _____ Fire Department Witness _____

Spencer Fire Department Use Only

Membership Committee

Approved Disapproved Date _____

Committee member signatures _____

Committee member signatures _____

Committee member signatures _____

General Membership Vote

Approved Disapproved Date _____

Vote to be determined by membership AYES _____ Noes _____

Membership probationary period (minimum six months) begins _____

Five Dollar (\$5) Membership Application Fee Paid on (date) _____ Application Fee Received by _____

One Dollar (\$1) Annual Membership Dues Paid on (date) _____ Membership Fee Received By _____

Revised April 2008