

**Membership Application for the Village of
Clifton Springs Volunteer Fire Department**
(Please Print or Type Information)

Name: _____ Spouse: _____

Address: _____
(House # Street Name Apartment/Lot # City State Zip Code)

E-Mail Address: _____

Home Phone Number: _____ Date of Birth: _____

Age: _____ Drivers License #: _____ Social Security #: _____

Occupation: _____ Work Phone #: _____

Cell Phone Number _____

Employed By: _____

Employers Address: _____

Reason For Wanting To Join The Department -- Check all that apply:

- I'm willing to respond and assist with Fire Fighting / Rescue / EMS Activities
- I'm willing to respond and assist as a Fire Apparatus Driver
- I'm willing to respond and assist as a Fire Police Member
- I'm willing to assist with Fund Raising Activities
- I'm willing to assist with Administrative Interest Non-Fire Fighting Duties
- Other (please specify): _____
- I'm willing to respond and assist as a Restricted Fire Department Member
(Only for those applying who are under 18 years of age or still in High School)

Special Skills (list any skills or training that could be helpful. Examples: administrative, mechanical, electronic, fire fighting, etc.) _____

Are you or have you ever been a member of another Fire Department: _____ No _____ Yes

If yes, please give name(s) and years of service: _____

Do you have any Medical Restrictions or Disabilities that would require us to make reasonable accommodations in order that you could perform the duties requested?

_____ No _____ Yes If yes, please explain: _____

Do you have any Arrests or Violations (include all driving violations): _____ No _____ Yes

If yes, please list: _____

Please list three references; include their address and telephone numbers (**No Relatives Please**).

1. Name: _____ **Phone # (required)** _____

Address: _____
(House # Street Name Apartment/Lot # City State Zip Code)

2. Name: _____ **Phone # (required)** _____

Address: _____
(House # Street Name Apartment/Lot # City State Zip Code)

3. Name: _____ **Phone # (required)** _____

Address: _____
(House # Street Name Apartment/Lot # City State Zip Code)

Signature of Sponsoring Member _____ Date: _____
(Only if applicable.)

Parent or Legal Guardian Consent Statement

(To be filled out for those under 18 years of age.)

I, _____ hereby give my consent for
(Print your name and your relationship to the applicant.)

_____ to become a member of the Clifton Springs Fire Department.
(Print name of applicant.)

Signature: _____ Date: _____
(Signature of parent or guardian.)

I hereby submit this application for membership and if elected agree to abide by the Constitution and By-Laws of the Clifton Springs Volunteer Fire Department, now in effect, or any subsequent additions or revisions. I also state that the above information is true and complete to the best of my knowledge. I understand that any false statements on this application shall be considered sufficient cause for denial of membership. **I agree to submit to an arson / criminal / driving record background check conducted by the Village of Clifton Springs Police Department. I agree to submit to an OSHA physical and/or test for the presence of alcohol or controlled substances as required by the Clifton Springs Volunteer Fire Department and authorize the release of said test results to the Chief and or President of the Fire Department.**

Applicant's Signature: _____ Date: _____

Investigating Committee Recommendation: <u>Circle</u> One please:	Favorable	Not Favorable
Additional Comments/Information: _____		
