

VILLAGE OF PALMYRA FIRE DEPARTMENT

APPLICATION FOR MEMBERSHIP

NAME: _____ PHONE: (____) _____

PHYSICAL ADDRESS: _____ TOWN: _____

DRIVER LICENSE NUMBER: _____ DATE OF BIRTH: ____/____/____

EMPLOYER NAME: _____ HOURS WORKED: _____

EMPLOYER ADDRESS: _____

LIST ANY KNOWN MEDICAL CONDITIONS, DISABILITIES, AND/OR AILMENTS INCLUDING, BUT NOT LIMITED TO, THE FOLLOWING: HEART DISEASE, EPILEPSY, OR EMPHYSEMA (COPD)

LIST ANY TRAININGS YOU HAVE HAD PREVIOUSLY THAT WOULD BE BENEFICIAL TO THE DEPARTMENT

I, _____, hereby request membership in the Village of Palmyra Fire Department. I agree to conform to all regulations and by-laws, and the authority of all Village of Palmyra Fire Department officers. I understand I will be interviewed by the Village of Palmyra Fire Department officers, and that I must pass a required background check done by the Wayne County Sheriff's Department.

SIGNATURE: _____ DATE: _____

(IF UNDER 18)

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

FOR FIRE DEPARTMENT USE BELOW

APPLICATION RECEIVED BY: _____ DATE: _____

INTERVIEWED BY: _____ DATE: _____

INTERVIEWED BY: _____ DATE: _____

INTERVIEWED BY: _____ DATE: _____

APPROVED BY THE VILLAGE OF PALMYRA FIRE DEPARTMENT YES: _____ NO: _____

CHIEF: _____ DATE: _____

APPLICATION SUBMITTED TO BOARD BY: _____ DATE: _____