

HEBRON VOLUNTEER FIRE COMPANY, INC.
Membership Application

Name: _____ DOB: _____
Address: _____
Home Phone: _____ Work Phone: _____
Disabilities: _____
Driver's License #: _____ Accidents/Convictions: _____

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CURRENT MEMBERSHIP IN COMMUNITY ORGANIZATIONS (Give meeting dates)

1. _____ 2. _____ 3. _____
Mtg date: _____ Mtg date: _____ Mtg date: _____

N.Y.S. Fire Schools Completed (give completion dates):

1. _____ 2. _____ 3. _____
Completion date: _____ Completion date: _____ Completion date: _____

First Aid Training (give completion date):

1. _____ 2. _____ 3. _____
Completion date: _____ Completion date: _____ Completion date: _____

HAVE YOU EVER BEEN EXPELLED FROM AN ORGANIZATION? _____ (If yes, explain on back)

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Personal References (provide full name, address, and phone number)

1. _____
2. _____
3. _____

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Applicant Endorsement

I wish to apply for membership as a firefighter in the Hebron Volunteer Fire Company, Inc. I certify that all the information, given above, is true.

Applicant's Signature Date

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BOARD OF DIRECTORS REPORT AND RECOMMENDATION

The Board of Directors has interviewed the above candidate. The Hebron Volunteer Fire Company attendance requirements, By-laws, and training requirements were explained to the candidate. Based on the information contained in this application and on the interview, the Board recommends the following: (see reverse for additional comments)

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SECRETARY'S ENDORSEMENT

This applicant's application was voted upon at a meeting dated: _____
The candidate was accepted _____ rejected _____ by a vote of _____ to _____.

Secretary's Signature Date

6 MONTH REVIEW DATE: _____