

Date First Reading:

Date Accepted/Declined:

SKANEATELES VOLUNTEER FIRE DEPARTMENT, INC.
77 West Genesee Street
Skaneateles, NY 13152

APPLICATION FOR MEMBERSHIP

Name

Date

List any other names by which you are known or have used in the past:

Current Address:

*Attach a list of all previous addresses used by you for the past five (5) years:

Telephone:

Place of Birth:

Date of Birth:

Social Security Number:

Height: Ft. In.

Application for:

☐ Firematic* ☐ Corporate Member ☐ Reinstatement* ☐ Associate Member

*Requires department physical-see below for details and requirements

Transfer from another Fire Department? ☐ Yes* ☐ No

*Requires submittal for recommendation from your previous department Chief, as well as all prior fire training course certificates, years in each department, and your reason(s) for leaving

Have you been convicted of a moving violation in the past 18 months?

☐ Yes * ☐ No

*Attach a list of each conviction, date of conviction, and locations of violation and conviction

Have you ever been arrested and/or convicted of a crime?

☐ Yes * ☐ No

*Attach a list of each arrest and/or conviction, including date and court in which convicted

Educational Background-list the last year completed in school, as well as dates any relevant degree received. Also, list any training, professional and technical schools attended, as well as dates and certificates received.

Skaneateles Volunteer Fire Department, Inc.
Application of Membership
Page 2

List all work history for the past five (5) years, beginning with your present employer:

<u>Name of Company</u>	<u>Address</u>	<u>Supervisor</u>	<u>Reason for leaving</u>

Military Service ____ Yes* ____ No

*List branch of service, highest rank attained, date and type of discharge

PHYSICAL CONDITION

You are required to submit to a physical examination conducted by this Department's physicians. Please arrange for your physical with Family Care Medical Group, 4652 Nixon Park Drive, Syracuse, New York at 315-492-3403. Advise them at the time of your appointment that this is for an applicant physical with the Skaneateles Fire Department. Under NO circumstances are you to deliver the results of your physical to this department; this will be done by the physician.

Department Endorsement (must have two (2) endorsements)

I, _____ Do _____ **Do not** endorse this applicant's request for membership in the Skaneateles Volunteer Fire Department, Inc.

Reason(s)

I, _____ Do _____ **Do not** endorse this applicant's request for membership in the Skaneateles Volunteer Fire Department, Inc.

Reason(s)

Skaneateles Volunteer Fire Department, Inc.
Application for Membership
Page 3

In two paragraphs or less, please state why you are interested in becoming a member of the Skaneateles Volunteer Fire Department, Inc. You should include what you have to offer the department, as well as what you know about the department in general.

TO THE CANDIDATE:

At minimum, upon a successful application, you will be required to do the following in your first year of membership: complete the Fire Firefighter I or its equivalent, attend a minimum of six (6) monthly corporation meetings, attend a minimum 2 trainings per quarter. This is the minimum required in order for you to be considered for full membership after an initial one (1) year probationary period.

Your signature below attests that you have read and understood this application. It further attests that all information contained in this application is true and accurate, and any false or misleading information will result in grounds for immediate termination of your application's consideration by this department.

Your signature also acknowledges that you have given permission for the Skaneateles Fire Department, Inc. or their designee to conduct a criminal and traffic background check, as well as contact all present and past employers.

Signature: Date