



# Warsaw Fire Department



P.O. Box 229

Warsaw, NY 14569

Phone: 585-786-2468 Fax: 585-786-9234

www.warsawfiredepartment.com

## Membership Application

Membership Type: Active: \_\_\_\_\_ Social: \_\_\_\_\_ Date: \_\_\_\_\_

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ SSN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Class: \_\_\_\_\_

Phone: Home (\_\_\_\_) \_\_\_\_\_ Cellular (\_\_\_\_) \_\_\_\_\_

Work (\_\_\_\_) \_\_\_\_\_ Other (\_\_\_\_) \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: Home (\_\_\_\_) \_\_\_\_\_ Other (\_\_\_\_) \_\_\_\_\_

Personal Reference: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

Personal Reference: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

**list any fire departments that you have previously served with. Include dept. name & dates of service.**

\_\_\_\_\_

**list any fire training that you have previously received. Include copies of certificates with this application.**

\_\_\_\_\_

### Department Member Sponsors

Printed Name / Signature: \_\_\_\_\_

Printed Name / Signature: \_\_\_\_\_

I certify that the statements and answers given in this application are true and complete to the best of my knowledge and that I have not knowingly failed to disclose any material fact regarding myself that would affect this application unfavorably. I understand that any false statement or misrepresentation in this application shall be sufficient cause for rejection or dismissal. I agree to submit to a physical examination which I must successfully pass prior to approval of membership and if accepted, I will submit to further examinations as requested. I hereby authorize the Warsaw Fire Department to investigate any information included in this application, to include an arson background check. I agree to abide by all the policies, rules and regulations of the Warsaw Fire Department and the Village of Warsaw now or hereafter established.

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

### Office Use

Date Submitted: \_\_\_\_\_ Dues Paid: \_\_\_\_\_ Interview date: \_\_\_\_\_ By: \_\_\_\_\_

Date Voted on: \_\_\_\_\_ Accepted / Denied \_\_\_\_\_ Date Notified: \_\_\_\_\_ By: \_\_\_\_\_

Physical completed: \_\_\_\_\_ Village Board Approval: \_\_\_\_\_

**First year's dues of \$5.00 must be included with this application.**