

**SALTAIRE VOLUNTEER FIRE COMPANY, INC.****MEMBERSHIP APPLICATION**

<b>Membership Classification</b>			
<input type="checkbox"/> FIREFIGHTER	<input type="checkbox"/> EMS PROVIDER	<input type="checkbox"/> AMBULANCE DRIVER	<input type="checkbox"/> AUXILLIARY
<b>Personal Information</b>			
Last Name:	First Name:	Middle Name:	
Current Address:		City:	State: Zip:
Fire Island Address:		City:	State: NY Zip: 11706
Cell Phone: (      )		Fire Island Phone: (      )	
Email Address:			
Date of Birth (MM-DD-YYYY):		Driver's License No:	Driver's License Class:
<b>Current Employment</b>			
Employer Name:		Position:	Duration with Present Employer:
Employer's Address:		City:	State: Zip:
<b>Background and Medical Information</b>			
<i>If you answer "Yes" to any of the following, please explain and provide details and copies of official documents on a separate page.</i>			
Have you ever been convicted of any misdemeanor and/or felony, or arson in any degree? * (* A conviction will not automatically preclude membership)			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any physical conditions that might affect your ability to perform the required duties?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any psychological conditions that might affect your ability to perform the required duties?			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Firefighting and/or EMS Experience and Training</b>			
Have you received any previous firefighting or EMS education?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been a member of the Saltaire Volunteer Fire Company, Inc.?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Date from (MM-DD-YYYY):		Date to (MM-DD-YYYY):	
Has your application to any volunteer Fire or EMS Department ever been rejected?			<input type="checkbox"/> Yes <input type="checkbox"/> No

# **SALTAIRE VOLUNTEER FIRE COMPANY, INC.**



## MEMBERSHIP APPLICATION

<b>Firefighting and/or EMS Experience and Training (con't)</b>		
Are you currently a member of another Fire or EMS Department?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Fire/Rescue Department Name:	City, State, Zip:	
Date from (MM-DD-YYYY):	Date to (MM-DD-YYYY):	
Have you previously been a member of another Fire or EMS Department?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Fire/Rescue Department Name:	City, State, Zip:	
Date from (MM-DD-YYYY):	Date to (MM-DD-YYYY):	
<b>Current Certifications</b>		
<i>Indicate certification, level, and provide copies of all certificates and ID cards or other credentials (e.g. FF-I, CPR, CFR, EMT-B, etc.)</i>		
Certification #1:	Awarded:	Expires:
Certification #2:	Awarded:	Expires:
Certification #3:	Awarded:	Expires:
Certification #4:	Awarded:	Expires:
<b>Personal Statement</b>		
<i>Briefly explain why you want to join the SVFC. Please include any special skills or experience.</i>		
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<b>Applicant Signature</b>		
<i>By signing below, I certify that the above information is true and accurate to the best of my knowledge. I acknowledge that failure to answer all questions completely and truthfully may subject me to dismissal from the Saltaire Volunteer Fire Company, Inc.</i>		
Applicant Signature:	Date:	