

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

Membership Classification					
<input type="checkbox"/> FIREFIGHTER		<input type="checkbox"/> EMS PROVIDER		<input type="checkbox"/> AMBULANCE DRIVER	
<input type="checkbox"/> AUXILLIARY					
Personal Information					
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:
Current Employment					
Employer Name:			Position:		Duration with Present Employer:
Employer's Address:			City:	State:	Zip:
Background and Medical Information					
<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	
Firefighting and/or EMS Experience and Training					
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

Firefighting and/or EMS Experience and Training (con't)		
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):	
Current Certifications		
<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:
Personal Statement		
<i>Briefly explain why you want to join the SVFC. Please include any special skills or experience.</i>		
Applicant Signature		
<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:	