

THREE G VOLUNTEER FIRE COMPANY, INC
APPLICATION FOR MEMBERSHIP

THREE G VOLUNTEER FIRE COMPANY, INC
P.O. BOX 112
GLENFIELD, NY 13343

* Required Information / PLEASE PRINT CLEARLY

* DATE OF APPLICATION: _____

* NAME: _____
LAST FIRST MIDDLE

* 911 ADDRESS: _____ , _____ , _____
STREET VILLAGE / TOWN ZIP CODE

* MAILING ADDRESS IF DIFFERENT: _____
P.O. BOX and/or STREET VILLAGE / TOWN ZIP CODE

* SOCIAL SECURITY NUMBER: _____ - _____ - _____

* NYS DRIVERS LICENSE ID NUMBER: _____ * EXPIRATION DATE: _____

* DRIVER CLASSIFICATION: _____

* AGE: _____ * DATE OF BIRTH: _____ / _____ / _____ MONTH / DAY / YEAR MARRIED: _____ SINGLE: _____

* SEX: MALE / FEMALE
(CIRCLE ONE)

* PLACE OF EMPLOYMENT: _____

* HOME PHONE: (____) _____ - _____ * WORK PHONE: (____) _____ - _____

I CAN RESPOND TO ALL ALARMS EXCEPT: _____

I, the undersigned, understand that if I am accepted into the Three G Volunteer Fire Company, Inc., I will be placed on six (6) months probation. I agree to follow the By - Laws of the Corporation and attend the required meetings and training sessions.

I understand that final acceptance into the Three G Volunteer Fire Company, Inc. will depend upon my passing a Physical Examination and an Arson Background Investigation as required by the State of New York.

SIGNATURE OF APPLICANT: _____

REVISED APPLICATION
3/12/2016

APPLICATION FOR MEMBERSHIP

This form will serve as your consent for the Three G Volunteer Fire Company, Inc and it's officers to obtain any and all driving and vehicular records pertaining to the undersigned applicant. These records may be used to determine acceptance into the Fire Company. These records may be obtained from the NYS Department of Motor Vehicles, Local and state Law Enforcement agencies as well as Insurance Companies.

* List all "Moving" violations that you have received in the past five (5) years and dates of those infractions. (Speeding, Failure to Yield etc.) _____

* List all other vehicle related infractions with their dated (Except Parking and Repair Tickets / Orders) (EXAMPLES; DWI, DUI ETC.) _____

* PRINT NAME: _____

* SIGNATURE OF APPLICANT: _____

**** FOR OFFICE USE ONLY ****
INVESTIGATING COMMITTEE

INVESTIGATING COMMITTEE MEMBERS:

- 1) _____
- 2) _____
- 3) _____

ACCEPTED: _____ REJECTED: _____

ARSON BACKGROUND CHECK PASSED:___ FAILED:___

PHYSICAL EXAMINATION: PASSED:___ FAILED:___

REMARKS: _____

VOTE RESULTS: YES _____ NO _____ ACTIVE DATE: _____

APPLICATION FOR MEMBERSHIP

Arson Background Investigation as required by the State of New York
This Information Is Needed To Complete the Arson Background Investigation

RACIAL APPEARANCE:

White / Black / American Indian / Chinese / Japanese / Other Explain: _____
(CIRCLE ONE)

SKIN TONE:

Light / Medium / Dark
(CIRCLE ONE)

HEIGHT: _____
(FEET) (INCHES)

PLACE OF BIRTH: _____, _____, _____
(CITY) (STATE) (COUNTY)

* PRINT NAME: _____

* SIGNATURE OF APPLICANT: _____

ARSON BACKGROUND INVESTIGATION RESULTS:

PASSED: _____ FAILED: _____

CHIEF SIGNATURE: _____

REVISED APPLICATION
3/12/2016