



# Carman Volunteer Fire Department

## Application for Membership

Check One Box Only

ACTIVE

SOCIAL

Send completed Application to: **CFD Recording Secretary**  
2435 Hamburg Street  
Schenectady, NY 12303

### Candidate Information

Type or Print all information in ink. Sign in ink where required.

#### Personal Information

Last Name	First Name	M. I.	Date of Birth (MM/DD/YY)	Age
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Address		Home Phone	Social Security Number	
<input type="text"/>		<input type="text"/>	<input type="text"/>	

#### Occupational Information

Business Address	Business Phone	Extension
<input type="text"/>	<input type="text"/>	<input type="text"/>
Occupation	Working Hours	To
<input type="text"/>	<input type="text"/>	<input type="text"/>

#### List Two Character References

Name	Name
<input type="text"/>	<input type="text"/>
Address	Address
<input type="text"/>	<input type="text"/>
Phone	Phone
<input type="text"/>	<input type="text"/>
Extension	Extension
<input type="text"/>	<input type="text"/>

#### Emergency Service History

Have you been, or are you now a member of any Civil Defense, Sheriff's Department, Auxiliary Police or similar organization? If YES, list the organization name(s) with dates of service below.

Yes  
 No

Have you been a Firefighter before? If YES, list the organization name(s) with dates of service below.

Yes  
 No

Organization	Dates of Service
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Department	Dates of Service
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Are you a New York State licensed driver?  
 Yes  
 No

Any willful false statement on this application will void the application. Such a statement may be cause for termination of membership.

I, the undersigned, being in accord with the aims and objectives of the Carman Volunteer Fire Department, do hereby make application for membership. If elected, I promise to abide by its By-Laws.

Signature of Applicant	Date (MM/DD/YY)
<input type="text"/>	<input type="text"/>

Signature of Parent or Guardian ( If Applicant is under 21)	Date (MM/DD/YY)
<input type="text"/>	<input type="text"/>