



# KNOX VOLUNTEER FIRE COMPANY

Post Office Box 131, Knox, New York 12107  
Phone: 518 872-0368 Fax: 518 872-0388  
E-mail: knoxvfd@yahoo.com



## Application for Membership

Date: \_\_\_\_\_

1. \_\_\_\_\_  
(Last Name) (First Name) (Middle Initial)

2. \_\_\_\_\_  
(Address) (Apt. No.)

\_\_\_\_\_  
(City) (State) (Zip)

3. Telephone: (\_\_\_\_\_) \_\_\_\_\_  
(Home) (\_\_\_\_\_) \_\_\_\_\_  
(Work) (\_\_\_\_\_) \_\_\_\_\_  
(Cell)

4. Date of birth: \_\_\_\_\_  
(MM/DD/YYYY)

5. How long have you lived at the above address? Years: \_\_\_\_\_ Months: \_\_\_\_\_

6. How long have you lived in New York State? Years: \_\_\_\_\_ Months: \_\_\_\_\_

7. Do you have a valid driver's license? Yes \_\_\_\_\_ No \_\_\_\_\_

Issuing State: \_\_\_\_\_ Class: \_\_\_\_\_ License Number: \_\_\_\_\_

8. Current Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

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

Normal Days/Hours of Work: \_\_\_\_\_

May we contact your employer as a reference? Yes \_\_\_\_\_ No \_\_\_\_\_

9. Have you ever been a member of the United States Armed Forces? Yes \_\_\_\_\_ No \_\_\_\_\_

Branch: \_\_\_\_\_

Dates of service: From: \_\_\_\_\_ To: \_\_\_\_\_  
(MM/YYYY) (MM/YYYY)

Did you receive an Honorable Discharge? Yes \_\_\_\_\_ No \_\_\_\_\_

10. Have you ever been a member of another emergency service (fire, rescue, police or emergency medical service agency)? Yes  No

Name of Agency: \_\_\_\_\_

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

Contact Person: \_\_\_\_\_ Telephone: (\_\_\_\_\_)

Reason for Leaving: \_\_\_\_\_

11. Sponsoring member: \_\_\_\_\_

12. Please list two personal references who have known you for at least 3 years:

A. Name: \_\_\_\_\_ Telephone: (\_\_\_\_\_)

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

B. Name: \_\_\_\_\_ Telephone: (\_\_\_\_\_)

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

13. Have you ever been convicted of, or pled guilty to, a felony, misdemeanor, insurance fraud, arson, or a reduction to these offences? Yes  No  If "Yes" please give details on the back of this application form.

14. OSHA regulations require you to pass a physical examination before becoming a firefighter. The Company's designated health care provider will provide you with a free medical examination. Will you be willing to undergo a medical examination? Yes  No

15. Is any additional information about a change in your name or your use of another name or nickname necessary to enable a check on your eligibility for membership? Yes  No   
If "Yes" please explain below:

\_\_\_\_\_  
\_\_\_\_\_

By signing this application you certify all of the above statements are true and correct and that you also give your permission to the Knox Volunteer Fire Company to do an appropriate background check to determine if you are eligible to become a member of the fire service.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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### Parental/Guardian Consent Form For Junior Members Under 18 Year of Age

I/We do hereby give permission for our son/daughter to become a member of the Knox Volunteer Fire Company.

I/We understand that by becoming a member of the company my son/daughter will participate in all company activities which include, but are not limited to, EXTERIOR FIREFIGHTING, TRAINING, FUND RAISING and any other appropriate activities deemed necessary by the officers of the Knox Volunteer Fire Company.

All members under 18 years of age are expected to follow company guidelines and maintain passing grades in school to continue to participate in company activities.

Applicants Name: \_\_\_\_\_

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

Applicants Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Applicants Phone No.: \_\_\_\_\_

Person to Contact in Case of Emergency: \_\_\_\_\_

Emergency Contact Numbers: \_\_\_\_\_ (home)

\_\_\_\_\_ (cell)

\_\_\_\_\_ (other)

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_