



LaFayette Fire Department, Inc.

P.O. Box 260 – Route 11 South

LaFayette, New York 13084-0260

Phone (315)677-3400 Fax (315)677-3417

MEMBERSHIP APPLICATION

FILL OUT THIS FORM COMPLETELY --- PLEASE PRINT



Name: _____ Birth Date: _____ Age: _____
 Address: _____ City/Town: _____ State: _____ Zip: _____
 Phone No: _____ Social Security No.: _____
 Occupation: _____
 Place of Work: _____ Phone No.: _____
 Drivers License I.D. No.: _____ Class: _____
 Wife's Name: _____ Phone No.: _____

AREA OF INTEREST (Check each one you are interested in)

FIRE: _____ RESCUE: _____ AMBULANCE: _____ FIRE POLICE: _____ HONORARY MEMBER _____

Were you ever a fireperson before? YES ___ NO ___

If yes, answer the following: Where? _____ When? _____

New York State Training (Check each one completed):

EF: _____ IFA: _____ PUMP OPT. _____ AIRCRAFT C&R: _____ HAZ. MAT. _____ OTHER: _____

MEDICAL TRAINING:

FIRST AID: _____ ADV. FA: _____ MUL. MED FA: _____ OTHER: _____ CPR: _____

If you are a doctor or nurse, please fill out below:

If you are a nurse, what type? RN: _____ LPN: _____ OTHER: _____

List other special training: _____

MEDICAL HISTORY:

Have you had or do you have the following disorders: (Y = Yes/ N=No)

High blood Pres. _____ Heart Prob. _____ Stroke _____ Fainting/Dizziness _____ Poor Hearing _____ Poor Eyesight _____ Lung

Disorder _____ Mental Disorder _____

List any other problems you may have: _____

Name of Present Doctor: _____ Address: _____

Phone No. _____ How Long? _____

Please indicate below why you want to join the LaFayette Fire Department:

Please list below your present community involvement (organizations):

Please list your interests and hobbies: _____

Please sign your name in full: _____ Date: _____

FOR DEPARTMENT USE ONLY:

Interviewer's Name: _____ Date of Interview: _____

Fee Paid: _____ Date of Application: _____ By-Laws Read: _____

VOTE: YES _____ NO _____ Number of Votes: _____ Accepted: _____ Rejected: _____

Reason for Rejection: _____

PLEASE SIGN HERE FOR RELEASE OF INFORMATION FROM THE DMV AND DOCTOR:

I hereby give the LaFayette Fire Department, Inc. permission to obtain this information.

NAME: _____ DATE: _____

“First To Serve”