

# CODY VOLUNTEER FIRE DEPARTMENT

## APPLICATION FOR MEMBERSHIP

Name: \_\_\_\_\_ Date of Application: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: M or F

New York State Driver's License #: \_\_\_\_\_

Have you ever been a member of this or any other Fire or EMS Department: Y or N

If you answered yes to above question please answer the following if no please skip.

Department Name: \_\_\_\_\_ How Long With Department: \_\_\_\_\_

Rank Achieved: \_\_\_\_\_

Please provide copies of any firematic or medical courses you have completed with your application.

Are you receiving, or have you ever received, compensation or claimed a disability: Y or N

If yes, what type of injury? \_\_\_\_\_

Please provide the names of two (2) character references other than family members.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Upon approval from the Cody Volunteer Fire Department and the return of the Sheriff's Department arson conviction search you will be notified of the status of your application at the next Cody Fire District Meeting.

### THANK YOU FOR APPLYING!

"I, \_\_\_\_\_, on this day, do solemnly pledge myself to sustain our Officers in the discharge of their duties, and to hold myself bound in honor to conform to, and abide by, in every respect the Constitution and By-Laws of the Cody Volunteer Fire Company, Inc."

Name (printed): \_\_\_\_\_ Signature: \_\_\_\_\_

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

The Cody Volunteer Fire Department does hereby attest that the arson conviction search has been submitted to the Sheriff's Department and returned prior to submission of new member's application to the Cody Fire District for approval.

Chief's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Revised July 28, 2008 by Dave Edwards Jr.



# F.D. Member Status Form

**Return by Mail:**  
Laurie Spicer  
Fire Coordinator's Office  
720 East Seneca Street  
Oswego, New York 13126

**Fax:** 349-8810

**Email:** lspicer@oswegocounty.com

Name of Fire Department: \_\_\_\_\_

Name of Member: \_\_\_\_\_

Social Security Number **AND** TIMS: \_\_\_\_\_

Please complete if new member or address/phone number has changed:

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

Phone Number: \_\_\_\_\_

## Member Status

\_\_\_ New (for new members, please indicate date joined Fire Dept \_\_\_\_ / \_\_\_\_ / \_\_\_\_ )

\_\_\_ Inactive

\_\_\_ Delete

\_\_\_ Deceased

\_\_\_ Change to Honorary

\_\_\_ Other: \_\_\_\_\_

Please complete if applicable

Transferred IN from: \_\_\_\_\_

Transferred OUT from: \_\_\_\_\_

Person Completing Form: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_