

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 Fire or EMS Department: Y or N

If you answered yes to the 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 if the Cody Volunteer Fire Company, Inc."

Name (printed): _____ Signature: _____

Date: ____/____/____

The Cody Volunteer Fire Department does hereby attest that the arson convictions 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: ____/____/____

