## **CODY VOLUNTEER FIRE DEPARTMENT**

## **APPLICATION FOR MEMBERSHIP**

Name:		Date of Applic	ation:	//		
Address:	City:	State: _	Zip C	ode:		
Phone: ()	Age:	Date of Birth:	//	Sex: M or F		
New York State Driver's	License #:					
Have you ever been a me	ember of this or any Fi	re or EMS Department: Y	or N			
If you answered yes to the	e above question plea	se answer the following, i	f no please sl	кір:		
Department Name:	How long with Department:					
Rank Achieved:						
Please provide copies of	any firematic or medic	cal courses you have comp	oleted with y	our application.		
Are you receiving, or have	ve you ever received,	compensation or claimed a	a disability: Y	or N		
If Yes, what type of injur	ry?					
Please provide the names	s of two (2) character i	references other than fami	ly members.			
Name:		Phone:				
Name:		Phone:				
	<u>-</u>	Department and the return the status of your application		-		
	THANK YOU	J FOR APPLYING	.!			
"I,		, on this day, d	lo solemnly p	oledge myself to		
sustain our Officers in th	e discharge of their du	aties, and to hold myself b and By-Laws if the Cody	ound in hono	or to conform to,		
Name (printed):		Signature:				
Date://	, 					
	s Department and return	eby attest that the arson corned prior to submission of				
Chief's Signature:		D	ate:/_	/		
				Revised March, 6,2023		

As you are aware, as of 4/1/2000 all new applicants to our Fire Company must go through an arson background check. The responsibility of this check has been placed as a Chief's responsibility by the New York State Legislature. In order to complete this policy, the following information must be included (separately) from the application.

Name:			
	(Last)	(Middle)	(First)
Any alias, nickn	ames or maiden name (if	ever married):	
Current Address	:		
Sex: Male or Fe	emale (Please Circle)		
Racial Appearan	nce:		
Height:			
Date Of Birth: _	/	Age (Verify Wi	th Driver's License):
Place of Birth: _			
Social Security 1	(County) Number:		(State)
Applicant must s	submit two (2) forms of I	D that will substantiate thi	is information.
ID Presented:			
		(Attach Copies of The	ID's)