



WOODLAWN VOLUNTEER FIRE COMPANY, INC.

3281 LAKESHORE ROAD - BLASDELL, NY 14219

716-824-2284 www.woodlawnfirecompany.com

Application for Membership

PLEASE PRINT LEGIBLY

Today's Date: _____

First Name: _____ Last Name: _____ Maiden Name: _____

D.O.B.: _____ SSN: _____ Place of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone - (Home): _____ (Cell): _____

Do You Have A Valid Driver's License? _____ State: _____ ID#: _____ Class: _____

Currently Employed: _____ Employer: _____

Position: _____ Address: _____ City: _____ Zip: _____

Supervisor's Name: _____ Title: _____ Phone: _____

Job Duties/Responsibilities: _____

Please List Three (3) References:

1 - Name: _____ Phone: _____

Occupation: _____ Years Known: _____

2 - Name: _____ Phone: _____

Occupation: _____ Years Known: _____

3 - Name: _____ Phone: _____

Occupation: _____ Years Known: _____

- Have you ever served in the Military: Branch: _____ Rank: _____

If YES, please provide the Company a copy of your DD-214 at the time of your interview.

- Have you ever been a member of another Fire Company/Department?

Name of Organization: _____ Years Active: _____

Address: _____ City: _____ State: _____ Zip: _____

Chief Officer's Name: _____ Phone: _____

Reason For Leaving: _____

- Do you have any Firefighting or EMS Training or Certifications:

Please provide copies at the time of your interview.

- Please List All NYS Fire/EMS Certifications you have: _____

- How did you find out about the Woodlawn Fire Company? _____

- Why do you want to be a Woodlawn Firefighter? _____

- Do you know a current Member of the Woodlawn Fire Company that would sponsor you?

Sponsor Name: _____ Time Known: _____

- If you are under the age of 18 years old and still in High School, the Fire Company will be required to see quarterly progress reports. Education is the top priority.

Name of High School: _____

**** Please provide a copy of your driver's license with this application.**

- A Driver's License Check, Police Background Check, Arson Background Check and Registered Sex Offender Check will be required. By signing below, I give the Woodlawn Volunteer Fire Company, Inc., permission to conduct all necessary background checks.

Print Name: _____ Date: _____

Signature: _____

- By signing below, I confirm that all information listed on this Membership Application is true and accurate and if not, I am subject to dismissal from the Woodlawn Volunteer Fire Company, Inc. at any time.

Signature: _____ Date: _____

This Section is for applicants under the age of 18.

If under the age of 18 years, a parent or legal guardian must be present at the initial interview and give consent to the applicant.

By signing below, I give my son/daughter permission to proceed with the application process.

Print Name: _____ Phone: _____

Signature: _____

Investigating Committee

License Check: ____ Police Check: ____ Arson Check: ____ Sex Offender Check: ____

Favorable: ____ Unfavorable: ____ Committee Vote: Yes ____ No ____

Investigating Committee Members: _____

Company Vote: Yes ____ No ____ Abstain ____ Date Joined: _____