Rhinecliff Fire Company P.O. Box 6 Rhinecliff, NY 12574

APPLICATION FOR MEMBERSHIP WITH A FIRE DISTRICT

NAME:	FIRST,	MIDDLE INITIAL
	ER NAMES KNOWN BY:	
	PLACE OF BIRTH:	
CITY:	STATE:	ZIP:
PREVIOUS ADDRESS: (If	present address less than five years):	
CITY:	STATE:	ZIP:
SOCIAL SECURITY NUM	IBER:	
DRIVER'S LICENSE:	STATE NUMBER	EXPIRATION DATE
AUTHORIZATION:		
I hereby authorize conduct a background c offender for my applicati	the Dutchess County Sheriff's Office I heck for arson and any offense requirition for a position of Volunteer with the ry will be conducted as outlined in the eriff's Office for background checks for Dutchess County.	above named fire Rules and Regulations of
Annlicontia Signatura	Clearly Print Name	Date
Applicant's Signature WITNESSED BY: (With	Clearly <u>Print</u> Name ness Must be an Officer of the Fire	
	Clearly <u>Print</u> Name ness Must be an Officer of the Fire	
	ness Must be an Officer of the Fire	