



Ellicott Creek Volunteer Fire Company, Inc.
45 South Ellicott Creek Road
Amherst, NY 14228



APPLICATION FOR MEMBERSHIP
(Please Print)

NAME: (First) (Middle initial) (Last) SOCIAL SECURITY NUMBER

RESIDENCE ADDRESS: (Street) (City) (State) (Zip Code)

MAILING ADDRESS: (Street) (City) (State) (Zip Code)

AREA CODE – TELEPHONE NUMBER

DRIVERS LICENSE I.D. NUMBER CLASS STATE EXPIRATION DATE

APPLICANT MUST ANSWER ALL OF THE FOLLOWING QUESTIONS

Are you a citizen of the United States? _____

How long have you resided at the above address? _____

State your age _____ Date of Birth _____ Sex _____

Marital Status: _____

Dependents other than Spouse: Children 18 or over _____ Children under 18 _____

Other _____

Military Service: Years _____ Final Rank _____ Branch _____

Your present status (a) Selective Service Classification _____

(b) Reserve Status _____

Did you graduate from: Grade School _____ High School _____ College _____

State degree or certificate awarded: _____

Present Employer: _____

Previous (if less then 1 yr.) _____

Employer's Address: _____

Type of Work Performed: _____

Location of principle occupation if different from above address: _____

State normal working schedule: Days _____ Nights _____ From _____ am to _____ pm

Phone number at which you may be reached in emergency: _____

Do you own an automobile? _____

Have you ever been a member of any fire rescue or ambulance department? Yes__ No__ From _____ to _____

Name of the Department _____ Location: _____

State offices _____

Fire Chief's Name _____ Phone : _____

Do you hold a Red Cross First Aid Card? _____ Class: _____ Expires: _____

Do you hold an Emergency Medical Technician's Certificate? _____

Expires: _____

New applicants for membership in the Ellicott Creek Volunteer Fire Company may be required to undergo testing for illegal or controlled substances and required to undergo a physical examination by the physician designated by the Board of Directors and Chief of the Department, per prescribed physical examination report. This is to be accomplished with the time limit set by the Board of Directors and Chief of the Department.

State any Physical limitations: _____

State any serious illness, or injuries in last five years. _____

List any associations, clubs, or organizations to which you now belong:

Name: _____ Office Held _____

Have you ever been arrested on any charge other than a traffic violation? _____ if so, give details and disposition of case:

PERSONAL REFERENCES (DO NOT INCLUDE RELATIVES)

DO NOT INCLUDE RELATIVES

1. Name	Address	City	State	Zip	Area Code – Telephone No.	Area Code – Telephone No.
2. Name	Address	City	State	Zip	Area Code – Telephone No.	Area Code – Telephone No.
3. Name	Address	City	State	Zip	Area Code – Telephone No.	Area Code – Telephone No.

Do you know any members of the Ellicott Creek Volunteer Fire Company (if so who?)

In case of Emergency Notification _____

Blood Type _____ Medication Reaction _____

Note: If applicant is between the age of 16 and 18 years, parent or guardian must consent by affixing signature to application.

I hereby assume any and all responsibility for the applicant and release the Ellicott Creek Volunteer Fire Company, Inc. from any and all responsibility arising by reason of age of applicant.

Dated ____/____/____

Witness

Signature of Parent or Guardian

I hereby make application for probationary and/or Junior membership and if elected agree to abide by the Constitution and By-Laws of the Ellicott Creek Volunteer Fire Company Inc., now in effect, or any subsequent additions or revisions. I also state that the above information is true and complete to the best of my knowledge. I understand that any false statements on this application shall be considered sufficient cause for denial of membership. **I agree to submit to a criminal background check, OSHA physical and/or test for the presence of alcohol or controlled substances as required by the Ellicott Creek Volunteer Fire Company and authorize the release of said test results to the Chief of the Department or President of the Fire Company.**

Applicant's Signature: _____

DO NOT COMPLETE BELOW LINE

First Reading Date ____/____/____

Second Reading Date ____/____/____

Application reviewed by the Investigative Review Committee, including:

Application Approved Yes (___) No (___)

Date ____/____/____

Final disposition at regular meeting ____ Accepted ____ Rejected Date ____/____/____