



APPLICATION FOR MEMBERSHIP

Alburgh Volunteer Fire Dept, Inc.



Date: _____

PERSONAL INFORMATION

Name: _____
Street Address _____
City: _____ State: _____ Zip: _____
Home Phone #: _____ Cell Phone #: _____
Email address: _____

EDUCATION

High School Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Date Graduated: _____
College Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Date Graduated: _____
Degree Obtained: _____

MILITARY SERVICE

Branch: _____ Dates Served: _____
Type of Discharge: _____

WORK EXPERIENCE

Current Employer: _____ Job Title: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____
Duties: _____
Length of Employment: _____

Additional work experience (if within one year of current employment):

Previous Employer: _____ Job Title: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____
Duties: _____
Length of Employment: _____

Have you ever been a member or affiliated with another Fire Department and/or Emergency Service Organization? Yes No

EMT Certification? Yes No State: _____ Cert # _____
FF Certification? Yes No State: _____ Cert # _____

Name of Previous Dept or Organization: _____
Date(s) of Membership: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
Reason for Leaving: _____
Reference at Past Dept: _____ Reference phone: _____

PERSONAL REFERENCES (Non-relatives)

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Relationship to you: _____ Phone: _____

Have you ever been convicted of a felony or other criminal charges? Yes No
If yes, please explain in detail:

BACKGROUND CHECK AND DRIVING RECORD

The Alburgh Volunteer Fire Department, Inc. must do a driving record check and a criminal background check. In order to do this, the AVFD must have your written authorization to do so. By giving us your date of birth, your social security number, your drivers license number and signing this section of the application, you are granting the Alburgh Volunteer Fire Department, Inc. permission to check your driving record and to have a criminal background check performed at any time. The AVFD may do an initial criminal background check / driver license check before your name will be brought up at a meeting for membership. Existing members will be done on a random basis annually. Any information obtained during your background check could be brought before all voting members. The AVFD will do the best of their ability to keep all information secure.

Full Legal Name: _____
Date of Birth: _____ Social Security #: _____
Drivers License Number: _____ State: _____

By signing this form I give AVFD permission to check my driving record and perform a criminal background check. In addition, I acknowledge that I have read the bylaws and hereby accept them. (For online applications, typing your name below will serve as your signature.)

Signature: _____
Print Your Name: _____
Date: _____