

APPLICATION FOR MEMBERSHIP
ALBURGH VOLUNTEER FIRE DEPT, INC.
(PRINT LEGIBLY PLEASE)

DATE OF APPLICATION _____

NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME TELEPHONE NUMBER _____

EDUCATION:

HIGH SCHOOL: NAME _____

ADDRESS _____

DATE GRADUATED _____

COLLEGE: NAME _____

ADDRESS _____

DATE GRADUATED _____

MILITARY SERVICE

BRANCH _____ DATES SERVED _____

TYPE OF _____

DISCHARGE _____

WORK EXPERIENCE:

CURRENT EMPLOYER _____

ADDRESS _____

TELEPHONE NUMBER _____ JOB TITLE _____

DUTIES _____

HOW LONG _____

PREVIOUS EMPLOYER(IF WITHIN ONE YEAR)

NAME _____

ADDRESS _____

TELEPHONE NUMBER _____ JOB TITLE _____

DUTIES _____

HOW LONG _____

Have you ever been convicted of a felony or other criminal charges? _____

If yes please explain in detail _____

Have you ever been a member or affiliated with another Fire Department and/or
Emergency Service Organization? _____

Complete the following where applicable:

NAME OF DEPT. OR ORGANIZATION _____

DATE OF MEMBERSHIP _____

ADDRESS _____

TELEPHONE NUMBER _____

EMT CERT _____ IF SO WHAT STATE AND CERT NUMBER _____

FF CERTIFICATION _____

REASON FOR _____

LEAVING _____

REFERENCE AT PAST DEPT _____

PERSONAL REFERENCE (NON RELATIVES)

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE NUMBER _____

SIGNED _____

DATE _____

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. (**PLEASE NOTE** : the AVFD will do an initial criminal background / drivers 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 to their ability to keep all information secure.

Date of Birth _____ SSN _____

Drivers License Number(specify state issued) _____

PRINT YOUR NAME _____

Signature _____

Date _____

By signing this I have read the bylaws and have accepted them.

Signature _____