

# Otto Volunteer Fire Company, Inc.

## Application for Membership

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Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Street: \_\_\_\_\_ E-Mail: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

How long at above address?: \_\_\_\_\_ Diver License Number, State and Class: \_\_\_\_\_

Marital Status: \_\_\_\_\_ If married, spouse's name: \_\_\_\_\_

Male or Female: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### EDUCATION

High School: \_\_\_\_\_ Date Graduated: \_\_\_\_\_

Address: \_\_\_\_\_ Degree: \_\_\_\_\_

College or Trade School: \_\_\_\_\_ Date Graduated: \_\_\_\_\_

Address: \_\_\_\_\_

### EMPLOYMENT

Present Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Regular Working Hours: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

Allowed to leave work for fire department/EMT calls: \_\_\_\_\_

List other employers in the last three years:

<i>Employer</i>	<i>Address</i>	<i>Dates Worked</i>	<i>Supervisor</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### MEMBERSHIP STATUS

Fire Police    Safety/Support    Associate Member    Firefighter    EMS    Ambulance Driver

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**HEALTH – (Upon Active Membership approval, a physical exam will be required. Optional for Associate Members. No expense to you)**

Do you have any physical or other conditions, which may hinder your activities as a firefighter? If so, What?:

\_\_\_\_\_

Do you have any known allergies?: \_\_\_\_\_ Blood Type: \_\_\_\_\_

### REFERENCES

**Name**

**Address**

**Phone**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### GENERAL

Have you ever been convicted of a crime or are now under charges for any crime? (This does not include simple traffic violations) if so, list them here with approximate dates:

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(An Arson and Sex Offender background check is REQUIRED under New York State Law convictions are an immediate bar to membership.)

Have you ever belonged to a fire company or Auxiliary before? : \_\_\_\_\_

If so, where and when?: \_\_\_\_\_

List any special qualifications or skills that may be relevant to fire department duties: (i.e. CDL, CPR/EMT, etc.)

\_\_\_\_\_

Groups Organizations you are involved with: \_\_\_\_\_

Hobbies and Interests: \_\_\_\_\_

***I hereby certify that the above information is complete and correct to the best of my knowledge. False information given on this application will result in denial of application or termination of membership.***

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Secretary

\_\_\_\_\_  
Date Received

