



# LaFayette Fire Department, Inc.

P.O. Box 260 – Route 11 South

LaFayette, New York 13084-0260

Phone (315)677-3400 Fax (315)677-3417

## MEMBERSHIP APPLICATION

FILL OUT THIS FORM COMPLETELY --- PLEASE PRINT



Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone No: \_\_\_\_\_ Social Security No.: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Place of Work: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
 Drivers License I.D. No.: \_\_\_\_\_ Class: \_\_\_\_\_  
 Wife's Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

### AREA OF INTEREST (Check each one you are interested in)

FIRE: \_\_\_\_\_ RESCUE: \_\_\_\_\_ AMBULANCE: \_\_\_\_\_ FIRE POLICE: \_\_\_\_\_ HONORARY MEMBER \_\_\_\_\_

Were you ever a fireperson before? YES \_\_\_ NO \_\_\_

If yes, answer the following: Where? \_\_\_\_\_ When? \_\_\_\_\_

New York State Training (Check each one completed):

EF: \_\_\_\_\_ IFA: \_\_\_\_\_ PUMP OPT. \_\_\_\_\_ AIRCRAFT C&R: \_\_\_\_\_ HAZ. MAT. \_\_\_\_\_ OTHER: \_\_\_\_\_

### MEDICAL TRAINING:

FIRST AID: \_\_\_\_\_ ADV. FA: \_\_\_\_\_ MUL. MED FA: \_\_\_\_\_ OTHER: \_\_\_\_\_ CPR: \_\_\_\_\_

If you are a doctor or nurse, please fill out below:

If you are a nurse, what type? RN: \_\_\_\_\_ LPN: \_\_\_\_\_ OTHER: \_\_\_\_\_

List other special training: \_\_\_\_\_

### MEDICAL HISTORY:

Have you had or do you have the following disorders: (Y = Yes/ N=No)

High blood Pres. \_\_\_\_\_ Heart Prob. \_\_\_\_\_ Stroke \_\_\_\_\_ Fainting/Dizziness \_\_\_\_\_ Poor Hearing \_\_\_\_\_ Poor Eyesight \_\_\_\_\_ Lung

Disorder \_\_\_\_\_ Mental Disorder \_\_\_\_\_

List any other problems you may have: \_\_\_\_\_

Name of Present Doctor: \_\_\_\_\_ Address: \_\_\_\_\_

Phone No. \_\_\_\_\_ How Long? \_\_\_\_\_

Please indicate below why you want to join the LaFayette Fire Department:

\_\_\_\_\_  
\_\_\_\_\_

Please list below your present community involvement (organizations):

\_\_\_\_\_  
\_\_\_\_\_

Please list your interests and hobbies: \_\_\_\_\_

Please sign your name in full: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR DEPARTMENT USE ONLY:

Interviewer's Name: \_\_\_\_\_ Date of Interview: \_\_\_\_\_

Fee Paid: \_\_\_\_\_ Date of Application: \_\_\_\_\_ By-Laws Read: \_\_\_\_\_

VOTE: YES \_\_\_\_\_ NO \_\_\_\_\_ Number of Votes: \_\_\_\_\_ Accepted: \_\_\_\_\_ Rejected: \_\_\_\_\_

Reason for Rejection: \_\_\_\_\_

### PLEASE SIGN HERE FOR RELEASE OF INFORMATION FROM THE DMV AND DOCTOR:

I hereby give the LaFayette Fire Department, Inc. permission to obtain this information.

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

*“First To Serve”*