MAYVILLE FIRE DEPARTMENT

Mayville Volunteer Fire Co. #1, Inc.
PO Box 2
Mayville, NY 14757

APPLICATION FOR MEMBERSHIP

Please print

Date _____

Name _____ Date of Birth _____

Home address_____

Home phone _____ Cell phone _____ Work phone_____
E-Mail address _____

Occupation_____ Working hour's _____

Transferred from another department? Yes ___ No ___ If yes what department _____

Any Fire or E.M.S. training? Yes ____ No ____ If yes please list on back.

Driver's license # _____ State _____

Social Security #_____

Nominated by (1) _____ (2) _____

Must have two nominees

Application fee of $4.00 must accompany this application

By signing below, I _____ agree to the following terms of membership.

I _____ authorize the Membership Committee to run a criminal background check, arson background check and a NYS Sex Offender Check prior to consideration of membership.

If my application is accepted, I realize that I will be placed in the Department as a Probationary Member for a minimum of 6 months. During that time I _____ will be expected to meet the requirements of membership as written in the current Department By-Laws.

I _____, hereby pledge on my honor that I will to the best of my ability perform all duties and obligation pertaining to membership in this department. That I will conduct myself in such a manner as to bring esteem to the organization, and will not divulge any of the private proceedings thereof, and when my connection with the department is severed, either by expulsion, suspension or expiration of term of service, I will return to the Secretary – Treasurer all keys, and all parts of the uniform or any other property or finances belonging to the organization that I may now or at any time have in my possession.

Signature of applicant _____ Date _____

Application received _____ Action taken _____

Chiefs Signature_____ Secretary's signature _____

Please list current training and certifications below one per row