

Fly Creek Volunteer Fire Company

P.O. Box 218
Fly Creek, NY 13337

Application for Membership

(Please Print)

Name _____

FIRST

M.I.

LAST

Address _____

Telephone _____

Home

Mobile

Email _____

Social Security # _____

Date of Birth _____

Driver License # _____

- | | | |
|---|-----|----|
| 1) Are you a resident of the Fly Creek Fire District? | Yes | No |
| 2) Have you had any Fire or EMS training? | Yes | No |
| 3) What interests do you have in the Fire Service?
(circle all that apply) | | |

-
-
-
-
-
-
-
-
-
-

Entry Team
Vehicle Rescue
Pump Operator
Fire Police
Record Keeping/Paperwork
EMS/First Responder
Grant Writer
Auxiliary

Other (explain) _____

**I hereby pledge to attend meetings, drills, fires, medical emergencies, etc. (when available).
I further pledge to follow all the Bylaws of the Fly Creek Volunteer Fire Company
and attend the mandatory training classes as required in the Bylaws.**

Applicant's Signature

Date

NOTICE: New York State Law mandates that all applicants to a Volunteer Fire Service must submit to firefighter arson and driver's license background check before they can become a member of any Fire/EMS squad, department, company or service.