

Cicero Volunteer Fire Department

P.O. Box 1111 – Cicero, New York 13039

MEMBERSHIP APPLICATION

Applicant Name _____

Street Address _____ Email _____

City _____ NY, Zip Code _____ Phone # 1 _____ Phone # 2 _____

Date of Birth _____ S/S # _____ Drivers License # _____

Employer _____ Occupation _____

Work Address _____

Work Phone # _____ Hours of Employment _____

Emergency Contact 1) _____ Phone # _____

2) _____ Phone # _____

Do you understand and are you able to comply with membership requirements?

Yes No Willing to meet all meeting and drill requirements
Yes No Willing to complete IFSTA training course

Applicant gives permission to have local police agency run police and arson check

Signature _____ Date _____

**I give permission for the above signed applicant to apply for membership with the Cicero Volunteer Fire Department. I understand the requirements of the membership and all the questions have been answered to my satisfaction.*

Signature _____ Date _____
(Parent or guardian)

Report of Investigation Committee – Recommended for Membership Yes No

If “No”, Why? _____

Police Report by _____ Date _____

Comments _____

Membership Vote Accepted Rejected (Must have 2/3 majority of vote)

Date _____ Vote Total _____