

**Parishville Volunteer Fire Department**  
**PO Box 264**  
**Parishville, NY 13672**

Application For Membership

I wish to apply for membership in your organization I am interested in applying for the following, please check all that apply.

Date: \_\_\_\_\_

\_\_\_\_\_ : Fire                      \_\_\_\_\_ : Rescue                      \_\_\_\_\_ : Dive

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

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Height: \_\_\_\_\_ Eye color: \_\_\_\_\_

Occupation: \_\_\_\_\_

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

Phone Number: (Home): \_\_\_\_\_ (Work): \_\_\_\_\_

Cell number: \_\_\_\_\_ E-Mail address: \_\_\_\_\_

Driver's License number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_

Where were you convicted of a crime? \_\_\_\_\_

Where were you convicted? \_\_\_\_\_

What type of crime was committed? \_\_\_\_\_

Signature: \_\_\_\_\_

.....

Chief's endorsement: \_\_\_\_\_ : Approve

\_\_\_\_\_ : Disapprove