

KENILWORTH VOLUNTEER FIRE COMPANY NO. 1, INC
TOWN OF TONAWANDA, NEW YORK 14223
MEMBERSHIP APPLICATION

DATE: _____

NAME: _____
 LAST FIRST MIDDLE

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ CELL PROVIDER: _____

EMAIL: _____

DATE OF BIRTH: _____ AGE: _____ WEIGHT: _____ HEIGHT: _____

SOCIAL SECURITY NUMBER: _____ GENDER: _____

CITIZEN OF UNITED STATES: _____ PLACE OF BIRTH: _____

MARITAL STATUS: _____ BLOOD TYPE: _____

CHILDREN (NAMES, AGES): _____

NAME OF PHYSICIAN: _____

PREVIOUS ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ NUMBER OF YEARS: _____

EMERGENCY CONTACT: _____

ADDRESS: _____ CITY: _____ STATE: _____

PHONE: _____ RELATION: _____

DO YOU HAVE A VALID DRIVERS LICENSE: (Y / N) _____ STATE: _____

LICENSE NUMBER: _____

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NAME OF EMPLOYER: _____ PHONE: _____

ADDRESS: _____ CITY: _____ STATE: _____

OCCUPATION: _____ HOURS A WEEK: _____ DAY / NIGHT: _____

MAY WE CONTACT EMPLOYER: YES OR NO

HOW LONG HAVE YOU LIVED IN KENILWORTH FIRE DISTRICT: _____

IF LESS THAN 1 YEAR, GIVE DATE: _____

HAVE YOU EVER SERVED IN THE ARMED FORCES: _____

IF SO, WHICH BRANCH AND DATES OF SERVICE: _____

TYPE OF DISCHARGE: _____

WHAT IS YOUR PHYSICAL CONDITION: _____

ARE YOU WILLING TO UNDERGO A PHYSICAL EXAMINATION: _____

HAVE YOU EVER APPLIED TO ANOTHER FIRE COMPANY: _____

IF SO, GIVE NAME: _____

WERE YOU EVER A MEMBER OF ANY OTHER FIRE COMPANY: _____

IF SO, GIVE NAME AND ADDRESS: _____

MAY WE CONTACT PREVIOUS FIRE COMPANY: YES OR NO

HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR OR FELONY: _____

IF SO, PLEASE INFORM THE CHARGES: _____

INDICATE ANY MOVING TRAFFIC VIOLATIONS IN THE LAST 3 YEARS: _____

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THREE CHARACTER REFERENCES:

1. NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____

PHONE: _____ RELATION: _____

2. NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____

PHONE: _____ RELATION: _____

3. NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____

PHONE: _____ RELATION: _____

IF EVERYTHING YOU HAVE SUBMITTED IS TRUTHFUL TO YOUR KNOWLEDGE PLEASE SIGN

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF GUARDIAN IF UNDER 18 YEARS OF AGE

DATE

A \$20.00 APPLICATION FEE AND CURRENT PHOTOGRAPH MUST BE TURNED IN WITH THE APPLICATION

** DO NOT FILL OUT. REMAINDER TO BE FILLED OUR BY OFFICAL USE**

RECEIVED BY: _____ DATE: _____

READ AT REGULAR COMPANY MEETING: _____

SECRETARY OF KENILWORTH VOL FIRE CO. _____