



Crittenden Volunteer Fire Department

Est 1931

Mailing Address: PO Box 120, Crittenden NY 14038
Physical Address 13415 Genesee Street , Crittenden NY 14038

JR. MEMBER APPLICATION:

"I hereby make an application to the Crittenden Volunteer Fire Department Inc. for active membership and agree to be governed by the By-Laws of the the Department and it's S.O.G's"

NAME _____

Current Residence _____

Phone Number _____ Length at Residence _____

Date of Birth _____ Social Security Number _____

Driver's Licence Number _____

Eye Color _____ Hair Color _____ Height _____ Weight _____

Prior Firefighting Expereince if Any: _____

Prior EMS Expereince if Any: _____

Do you have any criminal convictions _____ (if Yes please Explain Below)

Application Fee of \$5.00 (Dues) Enclosed? _____

I affirm that the above statements on this application form are true. I also allow the Crittenden Memebership committee to preform a Driver's License Review, a Criminal History and Background check and permit the Chief to run an Arson Report by the Erie County Sheriff

Signature of Applicant Date

Parent Signature _____ Date _____

New Member Committee Sign off
_____ Chief _____ 1st Assistant _____ 2nd Assistant

Please be advised this application will be posted for 30 Days to our membership while any investigations are completed. All personal information will be blacked out to protect your personal data. Also be advised that you must also be accepted by the Town of Alden and Complete a DOT Physical once becoming a member of the department. The Chief of the Department will give you that additional info upon acceptance



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