



# Crittenden Volunteer Fire Department

Est 1931

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

## SOCIAL 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 \_\_\_\_\_

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 background check if deemed needed.

\_\_\_\_\_

\_\_\_\_\_

Signature of Applicant

Date

New Member Committee Sign off

\_\_\_\_\_ President \_\_\_\_\_ Vice President \_\_\_\_\_ Memeber

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. The V.P. will contact you upon acceptance and tell you the requirements you must meet to maintain this status