

ST. PAUL BOULEVARD FIRE ASSOCIATION, INC.

433 COOPER ROAD



ROCHESTER, N.Y. 14617

ESTABLISHED 1924

WWW.SPbfd.COM

APPLICATION FOR MEMBERSHIP

Date of application: __ \ __ \ __

Full Name: _____

Present Address: _____

Length of residence: _____ Years _____ Months

Home Phone Number: _____ Cell Phone Number: _____

E-MAIL Address: _____

Social Security Number: _____ - _____ - _____

Date of Birth: ____ / ____ / ____ Age: _____

Marital Status: Single \ Married Spouse's Name: _____

Are you a citizen of the U.S.? YES / NO

Present Occupation: _____

Name of Employer: _____

Please list some personal references (non-relatives) with addresses, and phone numbers that we can contact:

Are you now or have you ever been a member of any other Fire or EMS Association? If yes, please list dates and location:

Do you have any previous fire or EMS service training? YES / NO

Driver's License Identification # _____ State: _____

Do you have a vehicle available for your use? YES / NO

Do you have any physical disabilities? YES / NO

If yes, please describe: _____

Are you able to attend Thursday Evening drills and First Monday of the Month meetings? YES / NO

Do you have any police or military convictions? YES / NO

If yes, please list: _____

I, _____, hereby authorize the St. Paul Boulevard Fire Association to perform a records check with a police agency to receive information as part of my application for membership in the St. Paul Boulevard Fire Association.

Within thirty days of the receipt of your application, an informal interview will be held. You will be notified by phone as to the date and time. Acceptance of this application is subject to approval by the membership of this Association. Appointment to active status for Fire Service requires successful completion of a physical and acceptance by the Fire District Commissioners.

**Signed _____ Date: __ \ **