

Application For Membership In the Lake George Fire Department

Personal Data:

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Time Present Address: _____ Phone Number: _____ - _____

Occupation: _____

Employer: _____

Do you have any prior fire or EMS experience? Yes () No () If so explain:

Personal References: *Other than members of the fire department or family members*

1) Name: _____ Contact Number: () _____ - _____

Address: _____ City: _____ State: _____ Zip: _____

2) Name: _____ Contact Number: () _____ - _____

Address: _____ City: _____ State: _____ Zip: _____

Fire Department References:

Do you know any past or present members of the Lake George Fire Department? Yes () No ()
If so please list below:

1) Name: _____ Contact Number: _____ - _____

2) Name: _____ Contact Number: _____ - _____

I the undersigned, understand that I will be contacted by the Chief of the department and additional personal information will be needed for my application to be processed further. I also understand that in accordance with New York State law this information will be used to check for any history of an arson related crime, and if any such record exists my application process must be terminated.

The information contained in this application is true and accurate to the best of my knowledge and any discrepancies may cause the application process to be terminated.

Signed: _____ Date ____ / ____ / ____