



**APPLICATION FOR MEMBERSHIP IN THE LAKE GEORGE FIRE DEPARTMENT**

**Personal Data:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Time at Present Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

License Number: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Do you have any prior Fire or EMS experience? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

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

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Contact Number: ( ) \_\_\_\_\_ - \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Contact Number: ( ) \_\_\_\_\_ - \_\_\_\_\_



**Fire Department Reference:**

Do you know any past or present members of the Lake George Fire Department? Yes \_\_\_\_\_ No \_\_\_\_\_

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: \_\_\_\_/\_\_\_\_/\_\_\_\_