



**LAKE GEORGE VOLUNTEER FIRE  
DEPARTMENT  
VOLUNTEER APPLICATION**



**PERSONAL DATA:**

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP CODE \_\_\_\_\_

YEARS AT PRESENT ADDRESS \_\_\_\_\_ PHONE NO. \_\_\_\_\_ EMAIL: \_\_\_\_\_

DRIVER'S LICENSE NO. & STATE \_\_\_\_\_ OCCUPATION \_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_ YEARS EMPLOYED: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ WORK AT DIFFERENT SITE? YES NO

CITY, STATE, ZIP \_\_\_\_\_ ADDRESS: \_\_\_\_\_

WILL YOUR EMPLOYER ALLOW YOU TO ANSWER ALARMS YES NO

DISTANCE YOU LIVE FROM FIREHOUSE \_\_\_\_\_ DISTANCE YOU WORK FROM FIREHOUS \_\_\_\_\_

DO YOU HAVE PRIOR FIRE OR EMS EXPERIENCE? YES NO

LIST \_\_\_\_\_ YEARS \_\_\_\_\_

\_\_\_\_\_ YEARS \_\_\_\_\_

OFFICES HELD \_\_\_\_\_ NONE [ ]

**PERSONAL REFERENCES: DO NOT USE FAMILY MEMBERS OR DEPARTMENT MEMBERS.**

NAME: \_\_\_\_\_ CONTACT NO. \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY, ST, ZIP \_\_\_\_\_

NAME: \_\_\_\_\_ CONTACT NO. \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY, ST, ZIP \_\_\_\_\_

**RECOMMENDED BY:**

NAME: \_\_\_\_\_ CONTACT NO. \_\_\_\_\_

NAME: \_\_\_\_\_ CONTACT NO. \_\_\_\_\_

WHY HAVE YOU DECIDED TO APPLY FOR MEMBERSHIP? MAY ATTACH LETTER

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I, the undersigned understand and agree in accordance with New York State Law my personal history may be checked for arson-related offenses, sex offenses or motor vehicle offenses. I also understand that a background check may be done.

The information contained in this application is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

IMPORTANT: This application must be filled out completely. All sections completed. You may be asked to appear in person before number of Review Boards.

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OFFICE USE ONLY

Background check performed: Y N

Report received Y N

Interviewed by \_\_\_\_\_

Village Board Approval: Y N

Date \_\_\_\_\_