

# YOUNGSVILLE FIRE DEPT.

PO BOX 78 – 1822 SHANDELEE ROAD  
YOUNGSVILLE, NY 12791

## APPLICATION FOR MEMBERSHIP

I, \_\_\_\_\_ hereby make application for appointment to the Youngsville Fire Dept., and if accepted, promise to abide by and uphold all rules and laws in force or that may be made hereafter, to govern the good and welfare of said department.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date of Application

**Mailing Address:** \_\_\_\_\_

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

**Social Security No.:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Telephone: (Home)** \_\_\_\_\_ **(Work)** \_\_\_\_\_

**Proposed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Disposition:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SCFFID#:** \_\_\_\_\_

**Text Paging: Cell number** \_\_\_\_\_ **Carrier** \_\_\_\_\_

**Please Note: All applicants must submit to an arson background check and get a physical exam prior to acceptance. All information is strictly confidential.**