



145 N. Sixth Street
Lewiston, NY 14092

*Lewiston Fire Company No. 1
of the Village of Lewiston, NY Inc.*

Main Hall 716-754-4487
Office 716-754-2180
Fax 716-754-8177

APPLICATION FOR MEMBERSHIP

APPLICANT NAME: _____

HOME ADDRESS: _____

PHONE NUMBER: _____ AGE: _____ DATE OF BIRTH: _____

HEIGHT: _____ WEIGHT: _____ S.S. #: _____

NAME OF SPOUSE: _____

BENEFICIARY: _____

NUMBER OF CHILDREN: _____ AGES: _____

PLACE OF EMPLOYMENT: _____

OCCUPATION: _____ WORK PHONE: _____

ARE YOU A SHIFT WORKER?: _____ IF SO, WHAT SHIFT(S): _____

ARE YOU A STUDENT OR DO YOU INTEND TO RETURN TO SCHOOL AS A FULL TIME STUDENT WITHIN THE NEXT 12 MONTHS?: _____ IF SO, WHEN AND WHERE:

DO YOU HAVE A VALID NEW YORK STATE DRIVER'S LICENSE?: _____

DRIVER'S LICENSE CLIENT ID #: _____

DO YOU HAVE ANY KNOWN PHYSICAL DISABILITIES?: _____ IF SO, SPECIFY THE NATURE AND WHETHER DISABILITY IS PERMANENT: _____

DO YOU NOW HAVE, OR HAVE YOU EVER SUFFERED FROM, OR BEEN TREATED FOR, ANY HEART AILMENTS, HIGH BLOOD PRESSURE, OR VISUAL IMPAIRMENTS?: _____
IF SO, SPECIFY THE NATURE OF SUCH AILMENTS: _____

HAVE YOU EVER HAD YOUR DRIVER'S LICENSE OR OPERATING PRIVILEGE SUSPENDED OR REVOKED IN NEW YORK STATE OR ANY OTHER STATE?: _____ IF SO, WHEN AND FOR WHAT REASON(S): _____

HAVE YOU EVER BEEN CONVICTED OF OR PLEAD GUILTY TO ANY OFFENSE INVOLVING ALCOHOL OR DRUGS, INCLUDING VEHICLE AND TRAFFIC OFFENSES?: _____ IF SO, DESCRIBE: _____

HAVE YOU EVER BEEN CONVICTED OR PLEAD GUILTY TO ANY OTHER OFFENSE?: _____
IF SO, DESCRIBE: _____

HAVE YOU EVER BEEN A MEMBER OF ANY OTHER VOLUNTEER FIRE COMPANY OR DEPARTMENT? _____ IF SO, PROVIDE THE NAME, ADDRESS AND DATES OF SUCH MEMBERSHIP AND REASON(S) FOR DISCHARGE: _____

HAVE YOU EVER BEEN DENIED MEMBERSHIP TO ANY VOLUNTEER COMPANY OR DEPARTMENT?: _____ IF SO, TO WHAT COMPANY/DEPT., AND THE REASON, IF KNOWN: _____

DO YOU BELONG TO ANY OTHER ORGANIZATIONS OR CLUBS? (Ex. - Kiwanis, Rotary, Etc.): _____

IF SO, SPECIFY: _____

HAVE YOU EVER RECEIVED ANY FIRST AID TRAINING?: _____ IF SO, SPECIFY THE NATURE OF SUCH TRAINING: _____

IF YOU CURRENTLY POSSESS A VALID FIRST AID CARD (Ex. - EMT, FIRST RESPONDER, CPR, Etc.),

SPECIFY THE TYPE AND PROVIDE THE EXPIRATION DATE AND I.D. # (If Applicable): _____

IF ACCEPTED AS A MEMBER, I PROMISE TO UPHOLD THE OBJECTIVES OF THE ORGANIZATION, TO PERFORM THE DUTIES OF A VOLUNTEER FIREFIGHTER, AND TO ABIDE BY THE CONSTITUTION AND BY-LAWS OF SAID ORGANIZATION.

I STATE UNDER PENALTY OF PERJURY THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

APPLICANT SIGNATURE _____ DATE _____

APPLICATION MUST BE ACCOMPANIED BY A \$2.00 NON-REFUNDABLE APPLICATION FEE !!

(FOR COMPANY USE ONLY)

DATE RECEIVED: _____

DATE INTERVIEWED BY COMMITTEE: _____

DATE ACCEPTED / REJECTED: _____

COMMITTEE NOTES / COMMENTS: