

HOWLETT HILL FIRE DEPARTMENT

A VOLUNTEER SERVICE ORGANIZED 1948



3384 HOWLETT HILL ROAD



SYRACUSE, NEW YORK 13215

**APPLICATION FOR MEMBERSHIP**

Do you reside in the Howlett Hill Fire Protection District? Yes or No:

Your name: \_\_\_\_\_

Your street address: \_\_\_\_\_

Your City, State, Zip: \_\_\_\_\_

Your phone number (incl area code): \_\_\_\_\_

If this a mobile phone? Yes or No:

If mobile, what is your service provider's name (i.e. Verizon, etc.): \_\_\_\_\_

What email address do you use: \_\_\_\_\_

Your Emergency contact name: \_\_\_\_\_

Your Emergency contact phone number (incl area code): \_\_\_\_\_

Your Date of Birth: \_\_\_\_\_ Your Social Security # (for background check): \_\_\_\_\_

Your Driver License # \_\_\_\_\_ What State? \_\_\_\_\_

Your Employer: \_\_\_\_\_ Your Occupation: \_\_\_\_\_

Employer Address: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Normal Work Hours: \_\_\_\_\_

Name of any Previous Fire Department Membership(s): \_\_\_\_\_

Your Previous Fire or Rescue or Medical Experience: \_\_\_\_\_

Have you any physical issues that would prevent you from performing firefighter duties? Yes or No

If Yes, please explain: \_\_\_\_\_

Recommended By: \_\_\_\_\_

I certify that all the statements above are true and correct to the best of my knowledge.

I recognize that any false statements made may subject me to immediate discharge. I hereby give the Howlett Hill Fire Department, Inc. the right to verify any statements made in the above application.

I understand a mandatory Arson and Sexual Violence background Check, required by New York State law, will be requested and performed by the Onondaga County Sheriff Office.

By applying for ACTIVE MEMBERSHIP to the Howlett Hill Fire Department, I understand that a minimum number of training hours and business meetings must be attended to remain in good standings. Also, I understand that I am expected to respond to ALL alarms for which I am available.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_