NORTH CHITTENANGO FIRE COMPANY
Sullivan Fire District #3
Membership Application

Name ____ Date _______________

Address ____ D.O.B ______________

____

Home Phone ___________________________ Cell Phone _____________________________

SSN __________________________ Divers License Number __________________________

Occupation ________________________________ Employer ______________________________

Length of Employment ________________________ Address ________________________________

____

Previous Fire Experience (Circle) Yes No Department _______________________________

Courses Completed ____

____

____

Do you have any criminal convictions? (Circle) Yes No If yes, List them below:

____

____

Do you have any serious illnesses or injuries? (Circle) Yes No If yes, Please briefly describe:

____

____

Do you think this illness or injury be affected by the duties of a firefighter? (Circle) Yes No

I wish to be considered for membership into District #3, North Chittenango Fire Company

____
Signature

NORTH CHITTENANGO FIRE COMPANY
Sullivan Fire District #3
Membership Application

HEALTH RELEASE FORM

I, _______________________________________, a Sullivan Fire District Volunteer Firefighter, for myself, hereby release and forever discharge the Sullivan Fire District, the Town of Sullivan, and all Fire Commissioners, Town Officials, Town Board members, officers, directors, Chiefs, and members of those entities from any and all claims, suits, or causes of action arising out of contributed to by the current state of my health which I represent to be good as I perform my duties as an active member of the Sullivan Fire District Fire Companies.

____
Member Signature

North Chittenango Fire
Fire Company

Sworn to, before me this _____________

Day of ____________________________

____
Notary Public

I hereby certify that the Sullivan Fire District Volunteer Firefighter, ________________________________ at this time can perform all duties required of an active Firefighter, including, but not limited to: wearing full protective clothing,; SCBA; moving and advancing fully charged hose lines; climbing ladders; operating gasoline powered equipment; lifting power hydraulic tools and other tools; performing at the scene of EMS, rescues and/or Hazmat incident duties; performing all other duties that are performed at the scene of fires and under all kinds of conditions encountered by Firefighters, which includes high heat and toxic gases, in the performance of fire suppression and/or rescue operations.

Date: _____________________

____
Physician

____
Address