



Howlett Hill Fire Department

A VOLUNTEER SERVICE ORGANIZED 1948

BEEF STREET

SYRACUSE, NEW YORK 13215

Application for Membership - District / Non-District

NAME _____ SPOUSE _____

Street _____ City _____ State _____

Apt. # _____ Zip Code _____ Home phone # (____) _____

Social Security # _____ Date of birth _____

Drivers license - STATE _____ # _____

Employer _____ Occupation _____

Address _____ Work phone # (____) _____

NORMAL WORK HOURS _____ Blood type _____

Previous fire department membership _____

Previous fire, rescue, medical experience _____

Do you have any physical defects that would prevent you from performing volunteer firefighter duties YES NO

If YES, please explain in detail _____

Recommended by _____

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

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

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. Also I understand that I am expected to be at ALL alarms for which I am available.

Signature _____ Date _____