



**North Hornell Volunteer Fire Company**  
**1 West Maplewood Ave**  
**North Hornell, N.Y. 14843**  
**607-324-1033**



**Application for Membership in the North Hornell Volunteer Fire Company**

**Applicants Name** \_\_\_\_\_

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

**Social Security Number** \_\_\_\_\_

**Street Address** \_\_\_\_\_

**City/Village/Town** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

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

**Do you possess a valid Driver's License** YES / NO

**Are you a current Member of another Fire Department** YES / NO

**Has the applicant ever been a member of another Fire Dept** YES / NO

**Please list Former Dept** \_\_\_\_\_

**Address of Former Dept** \_\_\_\_\_

**In a brief description answer the following questions:**

**Why do you want to join the fire company**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What past experiences do you feel you can contribute to the Fire Company**

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**List 2 references and Phone numbers below:**

1. \_\_\_\_\_
2. \_\_\_\_\_

**List 1 sponsor from the North Hornell Volunteer Fire Dept below:**

1. \_\_\_\_\_

**In signing this application you affirm that all of the above information is true to the best of your knowledge. In signing this form I will not hold the North Hornell Fire Company responsible for actions that result from the Arson background check performed by the Steuben County Sheriff's Department. I also agree to start basic firefighter training courses and I will complete such course with in two years. I have attached a \$ 10.00 nonrefundable application fee and understand it will be applied to my first year's dues upon acceptance to membership.**

**Print Name** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

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**Department Use Only**

**Date Presented at Monthly Meeting** \_\_\_\_\_

**Date of Interview** \_\_\_\_\_

**Date of Acceptance** \_\_\_\_\_

**Date Accepted by Village** \_\_\_\_\_

**Date Constitution and Bylaws issued** \_\_\_\_\_