

SOUTH FLORAL PARK Fire Department

PETITION FOR MEMBERSHIP

(AGE LIMITATION: 18-55 years old)

- | | |
|---|-----------------------------------|
| 1) FIREFIGHTER EMT-D <input type="checkbox"/> or CFR-D <input type="checkbox"/> | 3) EMT-D <input type="checkbox"/> |
| 2) FIREFIGHTER <input type="checkbox"/> | 4) CFR-D <input type="checkbox"/> |

Name: _____ SS# _____
 First Last M.I.

Address: _____

Phone# _____ Work# _____

Age: _____ Date of Birth: _____ Driver's License# _____

Occupation: _____ Employer: _____

Education: High School College Trade School Tech

Have you ever been a Fireperson? _____ EMT? _____ AMT? _____

If so, give details: _____

Marital Status: _____ Spouse's Name: _____

Length of Time in District: _____

Are you willing to volunteer your service in an emergency in this or any other district requiring assistance? _____

Do you have time to answer ALARMS? _____ Department & Company Activities? _____

Will you respect the command of Superior Officers & accept the responsibility of upholding the rules & regulations of this Fire Department as set forth by the Board of Commissioners of the SOUTH FLORAL PARK FIRE DISTRICT, Town of Hempstead, Nassau County, NEW YORK? _____

PLEASE BE ADVISED that if at any time during your probation period, it is determined you are not meeting the requirements or qualifications expected of you, the SOUTH FLORAL PARK FIRE DEPARTMENT has the right to DISMISS you.

I, have read & answered the above statement & agree to abide by the decision of the SOUTH FLORAL PARK FIRE DEPARTMENT.

Signature: _____ Date: _____