



Gates-Chili Fire Department

2355 Chili Avenue Rochester, New York 14624

Phone: 585-426-2720

www.gatesfd.org



With application submission please include a copy of your driver's license and any certificates that may pertain to the Fire Department. This application needs to be filled out completely for acceptance.

The acceptance period for applications is from Oct 1st- April 30th

Application for Membership

Date: _____

1. _____
(Last Name) (First Name) (Middle Initial)

2. _____
(Address) (Apt./Suite No.)

(City, Town, Village) (State) (Zip Code)

3. Telephone: (_____) _____ (_____) _____
(Home) (Work)

4. How long have you resided at the above address: Years: _____ Months: _____

5. How long have you resided in New York: Years: _____ Months: _____

6. Are you 18 years of age or older: Yes _____ No _____ If NO, state your age: _____

7. Do you have a valid New York State Drivers License? Yes _____ No _____
Drivers License ID # _____

8. Have you been a member of the United States Armed Forces? Yes _____ No _____

If the answer is "Yes", did you receive a dishonorable discharge: Yes _____ No _____

Dishonorable discharge is not an absolute bar to membership. This and other factors will affect a final membership decision.

If the answer is "Yes", to question 8 give complete details in the space provided for additional information on the second to last page (include service branch and service dates).

9. Have you ever been convicted or pled guilty to a felony, misdemeanor, insurance fraud, arson or a reduction of one of these offenses: Yes_____ No_____
- If "Yes", give details on the attached sheet.

10. Are you currently employed? Yes_____ No_____

If "Yes", provide your employer information below.

Name of Current Employer: _____

Address: _____ Telephone: _____

May we contact your employer as a reference? Yes_____ No_____

11. Please list any previous emergency services experience: (include only fire, police and emergency medical service agencies). Please provide a letter of recommendation from your previous emergency services organization.

Name of Agency: _____ Telephone: _____

Address: _____

Telephone: _____ Contact Person: _____

If more space is needed please use attached sheet.

12. Please list three (3) personal references, other than family or members of this organization, who have known you for at least three years.

A. Name: _____ Telephone: _____

Address: _____

B. Name: _____ Telephone: _____

Address: _____

C. Name: _____ Telephone: _____

Address: _____



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APPLICANT'S AUTHORIZATION FOR RELEASE OF INFORMATION

In order to confirm the information I supplied on my application for membership with the Gates-Chili Volunteer Fire Department, I authorize all licensing agencies, educational institutions, law enforcement agencies, present and former employers, and the military services to disclose their relevant records about me to the Gates-Chili Volunteer Fire Department whether the information be of public, private or confidential nature; and I release them from any liability and responsibility from doing so.

This authorization, in original copy form, shall be valid for this and any future information, reports or updates that may be requested.

I understand that this form will accompany requests for official documentation and confirmation of my credentials.

Applicant Name (Please Print)

Applicant's Signature (Date)

Social Security #

Witnessed:

Name and Title (Please Print)

Signature (Date)