

**WEST RIDGE FIRE DEPARTMENT  
Erie County Fire Stations 46 & 47**

**APPLICATION FOR MEMBERSHIP**

NAME (Last, First, Middle)

\_\_\_\_\_

Social Security Number

\_\_\_\_\_

PRESENT ADDRESS

\_\_\_\_\_

# OF YEARS RESIDED AT

\_\_\_\_\_

PREVIOUS ADDRESS

\_\_\_\_\_

# OF YEARS RESIDED AT

\_\_\_\_\_

HOME TELEPHONE NUMBER

\_\_\_\_\_

WORK TELEPHONE NUMBER

\_\_\_\_\_

CELL PHONE NUMBER

\_\_\_\_\_

EMAIL ADDRESS

\_\_\_\_\_

DATE OF BIRTH

\_\_\_/\_\_\_/\_\_\_

MARITAL STATUS

\_\_\_\_\_

HEIGHT

\_\_\_\_\_

WEIGHT

\_\_\_\_\_

**EDUCATION**

HIGH SCHOOL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

FROM: \_\_\_\_\_

TO: \_\_\_\_\_

DID YOU GRADUATE: \_\_\_\_\_

*Continue onto the next page*

**EMPLOYMENT:**

PRESENT EMPLOYER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
EMPLOYED FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
OCCUPATION: \_\_\_\_\_

PAST EMPLOYER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
EMPLOYED FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
OCCUPATION: \_\_\_\_\_

**LIST FIVE (5) REFERENCES THAT ARE NOT RELATED TO YOU**

NAME	ADDRESS	TELEPHONE NUMBER
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TYPE OF MEMBERSHIP DESIRED:    ASSOCIATE [ ]    ACTIVE [ ]

**FIRE, RESCUE AND EMS TRAINING:**

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

**WHY DO YOU WISH TO BECOME A VOLUNTEER FIREFIGHTER?**

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

*Continue onto the next page*

**IN AN EMERGENCY, NOTIFY:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

Note: It is understood that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the Fire Department service. Also, I hereby authorize the West Ridge Fire Department to obtain any information regarding my background and qualifications. I further release the West Ridge Fire Department from all liability for any damage whatsoever which may result from furnishing this information.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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**FOR WEST RIDGE FIRE DEPARTMENT USE ONLY:**

Investigating Committee: \_\_\_\_\_

Date Accepted: \_\_\_\_\_ Associate: \_\_\_\_\_ Active: \_\_\_\_\_

Probationary Period: \_\_\_\_\_ to \_\_\_\_\_

President's Signature: \_\_\_\_\_

Fire Chief's Signature: \_\_\_\_\_