

Sodus Point Fire Department, Incorporated

PO Box 139

Sodus Point NY 14555-0139

Application for Social Membership

Qualified applicants are considered without regard to race, color, national origin, sex, age, religion, sexual preference, marital or veteran status.

To be considered and achieve Social Membership, candidates must be at least 18 years of age, a citizen of the United States of America and be of good character. Eligible applicants may not be a Member of another Fire Department. Social Membership is for the sole purpose of supporting the Sodus Point Fire Department, Inc. & contributing assistance for the betterment of the Fire Department through fund drives, special functions, committees, etc. Social Members are not entitled to vote or hold Elected Offices. They may attend Meetings & serve on Committees benefiting the Fire Department. Social Members may enjoy privileges of the Department, ie: Social functions.

Please print all information except where signatures required.

Today's Date: _____

Personal Information:

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different): _____

Home Telephone #: _____ Cell Telephone #: _____

Date of Birth: _____

E-mail address: _____

Are you a citizen of the United States: Yes No

Emergency Contact: _____

Address: _____

Phone: _____ Relationship: _____

Criminal Background:

Have you ever been charged with or convicted of a misdemeanor or felony offense:

◇ Yes ◇ No

If yes, give dates, explanation of charges and disposition:

Driver's License #: _____ Expiration Date: _____

Physical Information:

Do you have any physical, mental or medical impairment or disability that we should be aware of or that would restrict your ability to participate in any Fire Department activities or functions: ◇ Yes ◇ No If yes, please explain:

Availability:

Please list any specific days and/or times when you know you are unavailable to participate in functions or activities:

Briefly state why you would like to become a Social Member of this Department:

Are you currently a Member of any other civic Organization: ◇ Yes ◇ No

If yes, please list: _____

List any current or past Members of the SPFD you are related to:

If possible, obtain signatures of two current Members, in good standing, who will recommend you for Social membership: _____

Consent for Disclosure:

I, _____ hereby certify that all of the information I have supplied in this application is true and complete to the best of my knowledge. I, _____ give the Investigating Officer of the Sodus Point Fire Department my consent to make inquiries of my employers, neighbors, police agencies or other means necessary, to investigate my past record, responsibility and/or character. I, _____ understand and agree that knowingly making misstatements and/or omissions may be grounds for rejection of application or immediate expulsion from the Membership.

Signature: _____ Date: _____

Please do not write below, for Fire Department use only

Date interviewed by Standing Committee: _____

Names: _____

Committee recommends for Social Membership: Yes No

Comments: _____

Date application was brought before the Membership: _____

Accepted by a majority vote: Yes No

Comments: _____