



OWEGO FIRE DEPARTMENT

Membership Application

Name _____	Phone # _____	Application To: (Check One) Co. #1 <input type="checkbox"/> Co. #2 <input type="checkbox"/> Co. #3 <input type="checkbox"/> Co. #4 <input type="checkbox"/> Co. #5 <input type="checkbox"/>
Address _____	Work Phone # _____	
_____	Date of Birth _____	
Social Security # _____	Occupation _____	
Drivers License ID # _____	_____	
Person to contact in Emergency: _____	Phone# _____	

List any past FIRE and/or EMS experience or education:

Junior Firefighter Section
If this application is for the position of JUNIOR FIREFIGHTER , (<i>youths between the ages of 16 and 18 years of age</i>), parental or legal guardian permission is required.
I hereby give my permission for the above named applicant to participate as a Junior Firefighter in the Owego Fire Department.
_____ <i>Signature of Parent/Legal Guardian</i>
_____ <i>Date</i>

Physical Section
(Must be signed by Physician prior to acceptance.)
The above named applicant has no medical or physical impairments that would prohibit he or she from wearing a Self Contained Breathing Apparatus or from performing the duties of a structural firefighter.
_____ <i>Signature of Physician</i>
_____ <i>Date</i>
Note: If impairment exists, check here <input type="checkbox"/> If further information is needed, the applicant will be asked to sign a medical records release form.

I UNDERSTAND THAT ALL THE INFORMATION LISTED ON THIS APPLICATION IS SUBJECT TO VERIFICATION AND ALL THE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE. FALSE STATEMENTS MAY RESULT IN DISMISSAL FROM THE OWEGO FIRE DEPARTMENT.

Applicant's Signature: _____	Date _____
Sponsor's Signature: _____	Date _____
Investigator's Signature: _____	Date _____
Fire Chief's Approval _____	Date _____

<u>FOR OFFICE USE ONLY</u>	New Member Training Section	<u>FOR OFFICE USE ONLY</u>
New Member Name _____ Company # _____ Tag # _____		
Session One:	Instructor's Signature _____	Date _____
Session Two:	Instructor's Signature _____	Date _____
Session Three:	Instructor's Signature _____	Date _____
Session Four:	Instructor's Signature _____	Date _____