



Organized in 1914

Marion Fire Department, Inc.

P.O. Box 1 3786 Mill Street
Marion, New York 14505

"Home of The Flying Dutchmen"



APPLICATION FOR MEMBERSHIP

I, _____, wish to apply for membership in the Marion Fire Department, Inc.
(Please **PRINT** name in full, **DO NOT SIGN**)

I fully understand that this application does not guarantee automatic membership. I will supply a letter from my physician stating that he / she has completed a physical within the last six (6) months and that the results of that physical are attached. This letter will certify that I am physically fit to perform the duty requirements of a volunteer fire department and / or ambulance position as required by OSHA Regulation 29CFR 1910.134(e). Attached is the \$25.00 application fee, which I understand is to be returned if this application is not accepted

I am applying for:	_____	Fire Department Only Membership
(Please Initial)	_____	Ambulance Only Membership
	_____	Both Fire and Ambulance Membership

If accepted, I understand that I will serve a one (1) year probation period as a recruit within the Marion Fire Department, Inc. During this probation time, I understand that I will be required to complete any courses of instruction currently offered by New York State, which provide the necessary certifications for being a Firefighter and/or EMS provider in New York State. I will also adhere to all rules set down in the attached documents:

The CONSTITUTION and BYLAWS OF THE MARION FIRE DEPARTMENT, INC.

The STANDARD OPERATING GUIDELINES OF THE MARION FIRE DEPARTMENT, INC.

The MARION FIRE DEPARTMENT, INC. AMBULANCE STANDARD OPERATING GUIDELINES

I understand that this probation period may be extended for up to one (1) year to allow for the completion of all required courses, provided that I have made an attempt to complete the course(s). At the end of the probation period, I understand that I will be voted on by the Fire Department membership for full membership status.

I understand that I will bring my sponsor with me to both the Recruit and Full Membership Committee review meetings. I have also received, read, and will comply with the attached documents as listed above.

Signed: _____
(Please **SIGN** name in full, **DO NOT PRINT**)

Date: _____