

Middle Island Volunteer Fire Department



31 Arnold Drive
Middle Island, NY 11953
Emergency: 631-924-3333
Headquarters: 631-924-3116
Station 2: 631-924-3106
Chief's Office: 631-924-3121
Fax: 631-924-2927

Application for Membership to the Middle Island Volunteer Fire Department

Date: _____

Name: _____ Age: _____ DOB: _____

Address: _____ Name of Spouse: _____

_____ Social Security #: _____

Tele. No.: _____ Work Tele. No.: _____

Beeper No: _____ Cell Phone No.: _____

E-Mail Add.: _____ Fax No. #: _____

Occupation: _____ American Citizen: Yes No

Driver's License #: _____ Type: _____ Blood Type: _____

Do you currently hold an EMT Certification: Yes No **If yes**, expiration date: _____

Previous Fire Department or Ambulance Corp.: _____ # of Years: _____

Reason for Leaving: _____

Personal References:

Name: _____ Tele. No: _____

Name: _____ Tele. No.: _____

In case of emergency notify:

Name: _____ Phone #: _____

Address: _____ Relationship: _____

EXECUTIVE COMMITTEE USE ONLY

Exec Bd Date: _____	Board of Fire Comm. Date.: _____
Length of Probation: _____	Date Probation Began: _____
Medical Certification: _____	P.D./Arson Screening: _____
Badge Number Assigned _____	<input type="checkbox"/> Fire <input type="checkbox"/> EMS <input type="checkbox"/> Fire Police

A Department of "ONE". Nothing Less Than Your Best!