APPLICATION TO JOIN
GENESEE COMMUNITY FIREMEN

NAME_____

ADDRESS_____

HOW LONG HAVE YOU LIVED AT SAID ADDRESS_____

HOME PHONE_____WORK PHONE_____

E-MAIL ADDRESS_____

DATE OF BIRTH_____

DRIVERS LISCENSE NUMBER_____

NARRATIVE

REASONS FOR WANTING TO JOIN THE GENESEE COMMUNITY FIRE FIREMEN.
INCLUDE ANY PRIOR EXPERIENCE OR TRAINING, TIME OF DAY AVAILABLE AND ANY OTHER PERTINANT INFORMATION. ARE YOU INTERESTED IN FIRE, EMS OR BOTH?

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GENESEE COMMUNITY FIREMEN APPROVED (____) DENIED (_____) THIS APPLICATION

ON / / .

SIGNED _____