



# Howlett Hill Fire Department

A VOLUNTEER SERVICE ORGANIZED 1948  
3384 HOWLETT HILL ROAD  
SYRACUSE, NEW YORK 13215

Application for Membership - Do you reside in the Howlett Hill Fire District? Yes   
No

Your Name: \_\_\_\_\_

Street:

Apt. #: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security #:

Drivers License: Which State:

Employer:

Employer Address:

Normal Work Hours:

Your Spouse's Name:

City: \_\_\_\_\_ State: \_\_\_\_\_

Home Phone #: ( )-

Date of Birth:

ID #:

Your Occupation:

Work Phone #: ( )-

Blood Type:

Previous Fire Department Membership(s):

Previous Fire, Rescue, Medical Experience:

Do you have any physical defects that would prevent you from performing  
volunteer firefighter duties? Yes  No

If Yes, please explain in detail:

Recommended By:

I certify that all of the statements above are true and correct to the best of my  
knowledge.

I recognize that any misstatement I have made may subject me to immediate  
discharge. I hereby give the Howlett Hill Fire Department the right to verify any  
statements made in the above application.

By applying for ACTIVE MEMBERSHIP to the Howlett Hill Fire Department, I  
understand that a minimum number of training hours and business meetings  
must be attended. Also I understand that I am expected to be at ALL alarms for  
which I am available.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\*\*\*\*\* FOR DEPARTMENT USE ONLY \*\*\*\*\*

Application referred to Executive Committee for review

Interviewed by:


Comments:


Applicant: ACCEPTED:  REJECTED:  Date \_\_\_/\_\_\_/\_\_\_

Applicant notified of Acceptance or Rejection (date): \_\_\_/\_\_\_/\_\_\_

Active probationary status to start (date): \_\_\_/\_\_\_/\_\_\_

Active probationary status to end (date): \_\_\_/\_\_\_/\_\_\_

Letter sent to Town Board (date): \_\_\_/\_\_\_/\_\_\_

By-laws issued (date): \_\_\_/\_\_\_/\_\_\_

Signature for By-laws: \_\_\_\_\_

Membership terminated (date): \_\_\_/\_\_\_/\_\_\_

Reason for termination:

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