

Roxbury Fire Department

53613 State Route 30

Roxbury, NY

607-326-7691

Application for Membership

Name: _____

Date of Birth: _____

Occupation: _____

Address: _____

(include street) _____

Telephone: _____ Email Address _____

Notify in Emergency: _____

Previous fire experience/training: _____

EMS training/courses: _____

Please select main reason for applying for membership-

Firefighter

EMS/EMT

Both

Six (6) month residency required before applying for membership-
may be waived by the Membership Committee

All new members will be on a twelve (12) month probationary period.

Applicant must:

- 1) Attend regular monthly meetings (3rd Monday @ 8pm)
- 2) Attend weekly drills (Wednesday @ 6:30pm)
- 3) Attend/participate in Parades
- 4) Attend/participate in fundraising activities

New members will complete basic firefighter training or obtain EMT certification within two (2) years of becoming members.

Applicant signature _____

Date: _____

If under 18 years of age- parent/guardian signature

Interviewing officer signature: _____

Enclose \$2.00 for first year's dues