



Cowlesville Fire Company
361 Clinton St.
Cowlesville, NY 14037

Telephone: 585-937-6991
Fax: 585-937-6237

www@cowlesville.com



Thank you for your interest in joining the Cowlesville Fire Company. We are an all-volunteer organization whose purpose is to provide Fire Protection and Emergency Medical Services to the residents of Cowlesville and the surrounding area.

If you think this is something that you can not do, think again. There are many levels of membership. You do not have to be willing to rush into a burning building or be able to drive a heavy truck to be considered for membership. Male or female, young or old; there is a spot for everyone. The core requirement is a willingness to help.

We provide all training and equipment. You determine your level of involvement. We will determine how you want to help and then develop a training plan to allow you to grow within the department to fit the capacity you want to fill.

We welcome anyone 16 years of age or over to apply for membership. Either send in the attached application or drop it off on a Monday evening. If you would like to find out more about the Company before completing the application, send an E-mail and someone will be in contact with you to give a tour of our facilities and equipment and discuss if the Fire Company is right for you.

For full membership, there are some prerequisites to complete. You will need to pass an arson background check, health physical (requirements vary depending on your anticipated role in the company) and DMV check. Some of the questions on the application may seem odd, but this is the information required to complete the state forms necessary to fulfill the prerequisites.

Best Regards,

Otis Dimick
President, Cowlesville Fire Company



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APPLICATION FOR MEMBERSHIP

DATE: _____, 20____

*Name (Print): _____ *Middle Initial _____

Signature: _____

*Street: _____

*City: _____

*State: _____

*Nickname: _____

*Alias and/or Maiden Name: _____

*Sex: _____

*Racial Appearance: White _____ Black _____ Am. Indian _____ Japan _____ Chin. _____ Other _____

*Skin Tone: Light _____ Medium _____ Dark _____

*Height: _____

*Date of Birth: _____

*Age: _____

*Place of Birth (County): _____ State: _____

*Social Security No.: _____ - _____ - _____

Phone: _____

Occupation: _____

E-Mail Address: _____

Parent or Guardian signature required for person 16 and 17 years of age: _____

Information needed for arson background check

SECRETARY'S ENDORSEMENT

This application, accompanied by the Initiation Fee of 10 dollars was received and read at a regular meeting of the COWLESVILLE FIRE CO. held on the _____ day of _____, 20____

The proposing member being in good standing, it was referred to the Investigation Committee.

_____ Secretary

COMMITTEE'S REPORT

Our Committee wishes to report that they have inquired into the character and competency of the above candidate and report _____ on the application.

COMMITTEE SIGNATURES

(Signed) _____ Date: _____

(Signed) _____ Date: _____

(Signed) _____ Date: _____