



CICERO VOLUNTEER FIRE DEPARTMENT, INC.

8377 BREWERTON ROAD – P.O. BOX 1111 – CICERO, NEW YORK 13029 – (315) 699-7721

Applicant Signature

I _____ authorize the Cicero Volunteer Fire Department to complete a required NYS Arson Records and police check.

Parent or Guardian

I _____ (Parent or Guardian) of _____ give permission for the above signed applicant to apply for membership with the Cicero Volunteer Fire Department. I understand the requirements of membership and all questions have been answered to my satisfaction.

Signature _____ Date _____

**** An Onondaga County Sheriff's Office Arrest History Check form will be provided at the time of the member's interview****

Department Use

Membership Committee Members present for the interview: _____

Membership Committee Comments: _____

The Membership Committee Chairman is responsible for forwarding copies of the completed application to the following:

Executive Board (Original Copy)

Chiefs Office (Copy)

Commissioners Office (Copy)