



*Rescue Squad*  
BABYLON FIRE DEPARTMENT



**Babylon Fire Department Rescue Squad  
Application for Membership**

Date of Investigation: \_\_\_\_\_ Date of Squad Approval: \_\_\_\_\_

Investigation Committee Members: \_\_\_\_\_

\_\_\_\_\_

Company Officers Approval (If Applicable): \_\_\_\_\_

-----Fill Out Below-----

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Spouses Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

EMT Certification: Y / N

EMT #: \_\_\_\_\_

Company: \_\_\_\_\_

Department #: \_\_\_\_\_

Weekly Time: 12 Hrs / 6 Hrs

Requested Crew Night: \_\_\_\_\_

EMT Certification Interest: Y / N

Driver Qualification Interest: Y / N

I wish to join the Rescue Squad of the Babylon Fire Department and I will fulfill all obligations required of me. I have received and read a copy of the by-laws of the Rescue Squad. I agree to abide by all the by-laws of the Rescue Squad.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Officer: \_\_\_\_\_ Date: \_\_\_\_\_