



Dutchess County RACES

OFFICE OF CIVIL DEFENSE
VOLUNTEER ENROLLMENT

Membership Application

Name

| |
|--------|
| Last |
| First |
| Middle |

FOR OFFICE USE ONLY

| | |
|--|-------------|
| Home Address | |
| Home Telephone: | |
| Date of Birth: | Sex: |
| Height: | Eye Color: |
| Weight: | Hair Color: |
| Profession or Occupation: | |
| Business Telephone: | |
| Employer's Name: | |
| Employer's Address (If unemployed, give last employee) | |
| Give names of spouse and children (If none, next of kin with relationship) | |
| Are you a holder of a valid NYS Pistol Permit? (Yes/No) | |
| If YES: Permit Number and Date Issued: | |

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|---|
| Date Enrolled: |
| Service: |
| Assigned to Duty As: |
| Date Assigned to Duty: |
| Date Loyalty Oath was Administered: N/A |
| Identification Card # _____ Issued |
| Time of Assigned Duty: |
| 1. |
| 2. |
| 3. |

| |
|------------------------|
| Signature of Volunteer |
| Date Signed: |
| Social Security #: |