

Dutchess County RACES

OFFICE OF CIVIL DEFENSE VOLUNTEER ENROLLMENT

	iviembership Application	
COMMUNICATIONS *	Name	FOR OFFICE USE ONLY
	Last	Date Enrolled:
	First	Service:
	Middle	Assigned to Duty As:
Home Address		Date Assigned to Duty:
Home Telephone:		Date Loyalty Oath was Administered: N/A
Date of Birth: Sex:		Identification Card # Issued
Height: Eye Color:		Time of Assigned Duty:
Weight:	Hair Color:	1.
Profession or Occupation:		2.
Business Telephone:		3.
Employer's Name:		Signature of Volunteer
Employer's Address (If unemployed, give last employee)		Signature of volunteer
Give names of spouse and children (If none, next of kin with relationship)		Date Signed:
Are you a holder of a valid NYS Pistol Permit? (Yes/No)		Social Security #:
If YES: Permit Number and Date Issued:		