



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:	

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 #: