

Please Attach
Self Photo Here



Member # _____

Date of Vote _____

APPLICATION FOR MEMBERSHIP

Please check the type of membership desired:

- ☐ Active Fire / EMS (Must reside or work in the fire protection district.)
- ☐ Active EMS (Must reside or work in the fire protection district.)
- ☐ Associate

(Please print your full name)

- All requested information must be completed before this application can be processed.
- All applicants for active membership must be at least seventeen (17) years of age.
- Associate membership application must be accompanied with twenty-five dollars, (\$25.00). Dues is twenty-five dollars annually.
- The Department's regular meetings are held the first Thursday evening at 7:30PM of every month.
- All members must abide by the Departments By-laws and all rules and regulations governing the Department.
- Upon leaving the Department, I agree to return all Department owned property, immediately, or I agree to pay the replacement cost of all items.
- I have read the above general information and agree to abide by the same.

Signature: _____

Full legal name: _____

Street Address: _____

Town: _____ State: _____ Zip: _____

Mailing Address: _____

Previous Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Are you 17 years or older ☐ Yes ☐ No

Do you hold a valid New York State Driver's License: ☐ Yes ☐ No

Occupation: _____

Employer: _____

Date Employed: _____ Employer phone: _____

Employer Address: _____

Are you a citizen of the United States or Permanent Resident status? ☐ Yes ☐ No

Are you now or have you ever been a party, or directly or indirectly connected or affiliated with a party, or with any organization or group advocating or believing in the overthrow of the government of the United States of America ? ☐ Yes ☐ No

Do you have any pending arrests ? ☐ Yes ☐ No If Yes; Please explain on a separate sheet.

If you have served in the military, were you honorably discharged ? ☐ Yes ☐ No ☐ N/A

Can you meet all of the physical and mental fitness requirements with reasonable accommodation and without assistance of another person ? ☐ Yes ☐ No

Have you ever been or are presently a member of a volunteer or career fire department ?
☐ Yes ☐ No

If Yes, please list all training received, offices held, committee's served on and if no longer a member, the reason for leaving. Please provide copies of the above at the time of interview.

Is additional information about a change in your name or your use of an assumed name or nickname necessary to enable a check on your eligibility for membership ? ☐ Yes ☐ No If Yes, explain: _____

Height: _____ Weight: _____ Blood type: _____

I wish to receive hepatitis B vaccine: ☐ Yes ☐ No If No, please sign: _____

List (3) character references that have known you for the past five (5) years but are not related to you:

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

APPLICANT: DO NOT WRITE BEYOND THIS POINT

REPORT OF INVESTIGATON COMMITTEE:

CHIEF: _____ Accept () Rejected ()

1st ASST CHIEF: _____ Accept () Rejected ()

2ND ASST CHIEF: _____ Accept () Rejected ()

President's Office: _____ Accept () Rejected ()

Inv. Committee Mem: _____ Accept () Rejected ()

Inv. Committee Mem: _____ Accept () Rejected ()

Arson background check performed []

Sex offender background check performed []

SECRETARY'S REPORT:

Date application received: _____

Date given to Chiefs: _____

Date appointed: _____

Date set to Town: _____

Date of Town Board Approval: _____

Secretary's signature: _____