

Ghent Volunteer Fire Company No.1, Inc.

PO Box 32
Ghent, NY 12075

Application for Membership

Name: _____

Address: _____

Telephone: Home _____ Cell _____

Date of Birth: _____ Social Security #: _____

Height: _____ft. _____ in. Place of Birth: _____

How long have you resided at your current address: _____ Years _____ Months

Are you 18 years of age or older? _____ YES _____ NO If "No", state your age: _____

NOTE- If you are under the age of eighteen (18), you must have a parent or legal guardian sign the approval below:

I am the parent or legal guardian of _____ and I hereby give my permission for him/her to make this application for membership into the Ghent Volunteer Fire Company #1, Inc.

Name of Parent or Legal Guardian (please print) _____

Signature of Parent or Legal Guardian _____

Date: _____

Fire Company Sponsoring Member: _____

Are you currently employed? _____ YES _____ NO If "YES" give employer information below:

May we contact your employer as a reference? _____ YES _____ NO

Name of Employer _____

Address _____

Telephone # _____

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Do you have a valid NYS Driver's License? _____ YES _____ NO

Class/Type of License _____ License ID # _____ Exp Date _____

Please indicate your availability to participate in normally required fire department activities such as meetings, drills and emergency calls. Please check appropriate time periods:

Weekdays: _____ Days _____ Evenings _____ Nights

Weekends: _____ Days _____ Evenings _____ Nights

Previous emergency services experience (include only fire, rescue, police and EMS agencies):

Name of Agency _____

Length of Time _____

Address _____

Name of Contact Person: _____ Phone: _____

Have you ever been a member of the United States Armed Forces? _____ YES _____ NO

If the answer is "yes", did you receive a dishonorable discharge? _____ YES _____ NO

Dishonorable discharge is not an absolute bar to membership. This and other factors will affect a final membership decision. If the above answer is "YES", give complete details in the space provided for additional information on the last page (include service branch and service dates)

Have you ever been convicted or plead guilty to a felony, misdemeanor, insurance fraud, arson or a reduction of one these offenses? _____ YES _____ NO

If "YES" give details on the attached sheet.

Please list three (3) personal references, *other than members of this organization*, who have known you for at least three (3) years.

Name _____

Address _____

Telephone _____

(continued on the next page)

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Name _____

Address _____

Telephone _____

Name _____

Address _____

Telephone _____

Applicant's Signature: _____ Date _____

STATEMENT OF APPLICANT FOR ACTIVE MEMBERSHIP, I understand that the initial period of active membership is probationary. The Company recommends that I complete the New York State Firefighter I or On Scene Support or equivalent course. I will also be required to perform other duties as outlined in the By-Laws. I will keep in mind that my performance and participation will be reviewed and if not, satisfactory I will be dropped from the rolls. I agree to these requirements and conditions.

Applicant's Signature: _____ Date _____

Additional Information:

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(For Fire Company Use Only)

Fire Company's Action Upon Application:

After investigation, the Membership Committee has voted to recommend that applicant's request for membership be:

Approved _____ Denied _____

Membership Committee Signature: _____ Date: _____

After investigation, the Board of Directors has voted to recommend that applicant's request for membership be:

Approved _____ Denied _____

Board Member Signature: _____ Date: _____

The members at the monthly meeting held on _____, 20_____, has voted to recommend that applicant's request for membership be:

Approved _____ Denied _____

Secretary's Signature: _____ Date: _____