



DeFrestville Fire Department, Inc.

480 North Greenbush Road

Rensselaer, New York 12144

Voice 518-286-3612 Fax 518-286-0026

www.defrestvillefire.org

Emergency – Dial 911

APPLICATION FOR MEMBERSHIP

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

TOWN/CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: (H) _____ (W) _____ (M) _____

DATE OF APPLICATION: _____ SS#: _____ - _____ - _____

MEMBERSHIP CLASSIFICATION: ACTIVE FIREFIGHTER _____ SOCIAL _____

BACKGROUND INFORMATION

Briefly state your reasons for applying to join the Defrestville Fire Department:

APPLICATION AND FEES TAKEN BY: _____ DATE: _____

INVESTIGATION COMPLETED BY: _____ DATE: _____

ARSON HISTORY BACKGROUND CHECK COMPLETED BY: _____ DATE: _____

ACTION ON APPLICATION

RECOMMENDATION OF THE EXECUTIVE COMMITTEE:

ACCEPT _____ DENIED _____ TABLED _____ DATE: _____

APPROVED BY: _____ DATE: _____

PRESIDENT

APPROVED BY: _____ DATE: _____

CHIEF

NAME: _____

BACKGROUND INFORMATION (Cont.)

How long have you lived at your current address? _____

Occupation: _____

Employer: _____

Work Address: _____

How long employed at this job? _____ Business phone: _____

Employer /Supervisor Contact Name: _____ Phone: _____

LIST OTHER OCCUPATIONS YOU HAVE HAD WITHIN THE PAST 5 YEARS:

Position/Title	Employer	Address	How long?

DO YOU POSSESS A VALID NYS DRIVER'S LICENSE? _____ YES _____ NO

If 'YES' ID # _____

FIREMATIC EXPERIENCE

Have you ever submitted an application to the Defreestville Fire Department before?

_____ YES _____ NO

If 'YES' Explain: _____

For all previous firematic experience, list dates, offices held, etc. If membership was Social, please indicate. (please append list)

ARSON RECORD

[Effective April 1, 2000, new Executive Law §837-o requires applicants for membership to volunteer fire departments in New York State to undergo a criminal history check through the Division of Criminal Justice Services (DCJS) to determine if they stand convicted of the crime of arson in New York State.]

HAVE YOU EVER BEEN CONVICTED OF ANY ARSON OFFENSE OR FELONY? __ YES __ NO

If 'YES' explain: _____

NAME: _____

CIVIL RECORD

HAVE YOU EVER BEEN CONVICTED OF ANY VIOLATION OR CRIME? (DO NOT INCLUDE PARKING TICKETS) ____ YES ____ NO

If 'YES' Explain: _____

HAVE YOU EVER BEEN INVOLVED IN AN AUTOMOBILE ACCIDENT IN WHICH YOU WERE THE DRIVER OF ONE OF THE VEHICLES? ____ YES ____ NO

If 'YES' Explain: _____

MEDICAL INFORMATION

Do you have any physical limitations that would prevent you from participating in fire department emergency activities or training sessions? Please note that this does not disqualify you from membership, but is requested so that we can best tailor training and service to suit each candidate:

OTHER

EDUCATION: _____

MILITARY SERVICE: _____

OTHER INTERESTS, HOBBIES AND AVOCATIONS? ALSO, PLEASE IDENTIFY OTHER SOCIAL OR PUBLIC SERVICE ORGANIZATIONS THAT YOU CURRENTLY BELONG TO:

CURRENT DFD MEMBER SPONSOR (IF YOU KNOW CURRENT MEMBERS OF THE DEFREESTVILLE FIRE DEPARTMENT WHO CAN RECOMMEND YOUR APPLICATION, PLEASE LIST):

ATTESTATION AND SIGNATURE

I, _____, hereby apply for ACTIVE / SOCIAL (circle one) membership in the Defreestville Fire Department, Inc. In connection with this application, I herein submit my responses to the attached questions to the best and most accurate of my ability and knowledge. I have been informed of the requisites for membership and agree to abide by all requirements of the organization as presented in the constitution, by-laws and suggested operating procedures (SOPs). I further acknowledge that if any answers made on this application are found to be false or purposely misleading, this application will be considered void and any membership privileges granted shall be withdrawn immediately.

SIGNATURE: _____ DATE: _____