



Poestenkill Fire Company

Serving the community of Poestenkill, since 1920

PO Box 14
Poestenkill, NY 12140
(518) 283-1649
poestenkillfire.org

Application for Membership Cover Page
All pages 5 pages must be included when application is submitted

Applicant's Name

DO NOT FILL THIS OUT

Application Fee Paid when turned in: Yes/No

First Reading Date: _____

Notes: _____



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Application for Membership

First Name: _____ Last Name: _____

Home address: _____ City, State, and Zip: _____

How long have you lived at the above address? _____ years _____ months Date of Birth: _____

Mailing address: _____ City, State, and Zip: _____

Home #: (____) ____-____ Cell #: (____) ____-____ Work # (____) ____-____ Preferred# H C W

Previous address: _____ City, State, and Zip: _____

Work address: _____ City, State, and Zip: _____

May we contact your employer? Yes No If "No", Why? _____

How many years have you lived or worked in the town of "Poestenkill" combined together: ____ years ____ months

Are you a U.S. citizen? Yes No If not a citizen are you a legal resident? Yes No

Do you have a valid driver's license? Yes No Has your licenses ever been revoked or suspended? Yes No

Drivers License #: _____ License class: _____ State: _____ Restrictions _____

Are you over 16? Yes No Email address: _____

Are you over 18? Yes No If you answered no, please have a parent or Guardian fill out the parent consent form at the back of this application. Social Security #: _____ - _____ - _____

Please explain why wish to join the Poestenkill Fire Company? _____

Which type of service are you willing to provide: Active or Social?

(Descriptions below, if you choose, Active, please answer Part B, Not required for Social).

1) Active - Firefighter

2) Social - Non-Firematic (ie: dinners, events, or any other company run activity's, etc.)

Part B- OSHA regulations require that you pass a physical examination before becoming a firefighter. The Fire Companies designated physician will provide you with a free medical examination. Will you be willing to undergo a medical examination? Yes No If "No", please explain: _____

You must have two current active members to sponsor your application. Please List their names below.

Sponsored by: _____ and _____

List two (2) personal non-family references other than members of the Poestenkill Fire Company:

Name: _____ Contact #: (____) ____-____ May we contact? Yes No

Name: _____ Contact #: (____) ____-____ May we contact? Yes No

Have you ever belonged to another fire company? Yes No If so, Name of Company: _____

Reason for leaving: _____

Have you ever applied at a Fire or EMS Corps and had an application denied for any reason? Yes No

If "Yes" please explain: _____

Have you ever received credit for attending any NYS fire course? Yes No

If so, Which: _____

Have you ever been convicted or pled guilty to a felony, misdemeanor, insurance fraud, arson, or reduction of one of these offenses? Yes No If "Yes", please give details. Use a separate paper if needed. _____

Emergency Contact -1

Name: _____ Relationship: _____

Address: _____

Home #: (____) ____ - ____ Cell #: (____) ____ - ____ Work # (____) ____ - ____

Emergency Contact -2

Name: _____ Relationship: _____

Address: _____

Home #: (____) ____ - ____ Cell #: (____) ____ - ____ Work # (____) ____ - ____

Additional Information you would like us to know.

To the Offices and Members,

I hereby affirm, under penalty of perjury, that all the information provided on this application is truthful and accurate. I understand that each statement will be investigated. Any inaccurate, falsified, or misleading statement or answer, whether by commission or omission, may result in rejection of this application or dismissal from the Poestenkill Fire Company, Inc. As such I do hereby respectfully petition to be initiated as a member of the "Poestenkill Fire Company, Inc. If accepted, I agree to accept and governed by the constitution and bylaws of this organization.

Signed: _____

Date: _____

**This application must be accompanied by an initiation fee of five dollars (\$5).
Said payment will be returned to you in the event your application gets rejected**

To be completed by "The Membership Committee"

Interview Date: _____

Remarks: _____

Recommended: Yes No

- 1) _____ President
- 2) _____ Bylaws Chairman
- 3) _____ Chief

Application Accepted: Yes No

Accepted Date: _____

President's Signature: _____

Date: _____



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Applicant's Authorization for Release of Information

In order to confirm the information I supplied on my application for membership with the Poestenkill Fire Company, Inc., I authorize all licensing agencies, educational institutions, law enforcements agencies, present and former employers and the military services to disclose their relevant records about me to the Poestenkill Fire Company, Inc.; whether the information be of public, private or confidential nature; and I release them from liability and responsibility from doing so.

This authorization, in original copy form, shall be valid for this and any future informational, reports or updates that may be requested throughout my membership.

I understand that this form will accompany requests for official documents and confirmations of all my credentials. I further agree, if any issues should arise while trying to obtain any informational, reports, updates or credentials. I'll cooperate and sign all necessary documents requested of me, as long as I have membership with Poestenkill Fire Company, Inc.

Applicant's Signature

Applicant's Name Printed

Social Security Number

Date



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Applicant's Parental Permission Release (Under 18 Only)

I _____ Give my son/daughter _____ Permission to join
(Parent/Guardian's Name) (Applicant's Name)

the Poestenkill Fire Company, Inc. I Give the Poestenkill Fire Company, Inc. permission to check my son/daughter's background information.

I'm not a medical professional, but I further certify that my son/daughter is to the best of my knowledge medically and physically fit to undertake the strenuous activities of a Firefighter or EMS personal, and that, to my knowledge, is not suffering from any contagious or infectious disease, or any medical or dental condition or disability likely to interfere with or be aggravated by Firefighting or EMS activities.

I understand that as the Parent or Guardian of _____ that at any time I
(Applicant's Name)

choose, I can have my son/daughters membership revoked as I see fit. Said revoking must be made in writing.

Parent or Guardian's Signature

Parent or Guardian's Name Printed

Date