

**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 (circle)? 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 (circle)? YES NO If "YES" give employer information below:

May we contact your employer as a reference (circle)? YES NO

(continued on the next page)

## **Ghent Volunteer Fire Company No.1, Inc.**

PO Box 32  
Ghent, NY 12075

Name of Employer \_\_\_\_\_

Address \_\_\_\_\_

Telephone # \_\_\_\_\_

Do you have a valid NYS Driver's License (circle)?    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 \_\_\_\_\_

Weekdays: 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 (circle)?    YES    NO

If the answer is "yes", did you receive a dishonorable discharge (circle)?    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)

(continued on the next page)

**Ghent Volunteer Fire Company No.1, Inc.**

PO Box 32  
Ghent, NY 12075

Have you ever been convicted or plead guilty to a felony, misdemeanor, insurance fraud, arson or a reduction of one these offenses (circle)?    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 \_\_\_\_\_

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 \_\_\_\_\_

**Ghent Volunteer Fire Company No.1, Inc.**

PO Box 32  
Ghent, NY 12075

**Additional Information:**

**Ghent Volunteer Fire Company No.1, Inc.**

PO Box 32  
Ghent, NY 12075

**(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: \_\_\_\_\_