

# East Greenbush Volunteer Fire Company, Inc.

68 Phillips Road

Rensselaer, NY 12144

(518) 477-6503 (518) 479 4169 (518) 477-2319 (Fax)

## APPLICATION FOR MEMBERSHIP

A candidate for Active Membership shall be at least seventeen (17) years of age and shall reside or be gainfully employed within the territory protected by East Greenbush Fire District #3; or; a prior Explorer sponsored by the East Greenbush Fire Company and residing within the Town of East Greenbush.

*Per Article 2, Section 2. Paragraph 1 of the East Greenbush Fire Company By-Laws*

### Instructions:

1. Please complete all questions to the best of your ability by writing or printing in a legible manner in the spaces provided.
2. Include with this application a photocopy of your driver's license.
3. Include with this application a \$10.00 application fee. (check or cash)

The completed form may be presented to any East Greenbush Fire Company member at any station.

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### APPLICATION INFORMATION

Full Name: \_\_\_\_\_  
First Name, Middle Name, Last Name

Present Address: \_\_\_\_\_

\_\_\_\_\_

Mailing address: \_\_\_\_\_

\_\_\_\_\_

Residence Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Were you a member of the Explorer's Post sponsored by this Company? Yes  No

Have you previously been denied membership to the East Greenbush Fire Company?

Yes  No  If yes, date of last application: \_\_\_\_\_

Emergency Contact Information

Name & Relationship: \_\_\_\_\_

Emergency Contact Address: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Employment Information

Current Employer: \_\_\_\_\_

Position Held: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Occupation/Position: \_\_\_\_\_

Education

High School \_\_\_\_\_

College(s): \_\_\_\_\_

Degree Awarded or Credits Earned \_\_\_\_\_

Professional Licenses/Certifications: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Military Service**

Yes  No  If Yes, Please specify: \_\_\_\_\_

Induction Date: \_\_\_\_\_ Discharge Date: \_\_\_\_\_

Discharge Honorable  Other

Branch: \_\_\_\_\_ Active  Reserve

Comments: \_\_\_\_\_  
\_\_\_\_\_

**Medical Information**

Are there any medical concerns you wish us to know about, if so, please specify:

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been treated for mental illness, or anger/violence issues? Yes  No

Primary Regular Physician: \_\_\_\_\_

Physician Address: \_\_\_\_\_  
\_\_\_\_\_

Physician Phone Number: \_\_\_\_\_

**Civil Record**

Effective April 01, 2000, prospective members must undergo a non-fingerprint criminal background check for arson and other convictions. This requirement is in accordance with New York State Executive Law 1A § 837-0.

*Per Article 3, Section 1, Paragraph 7 of the East Greenbush Fire Company By-laws.*

Have you ever been convicted of any violation or crime (excluding traffic violations)?

Yes  No

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

Please list all names and aliases you have been known by in the past 10 years:

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If a married female, please give your maiden name: \_\_\_\_\_

Please list your past 10 years of residency:

Mailing Address: \_\_\_\_\_

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Mailing Address: \_\_\_\_\_

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Mailing Address: \_\_\_\_\_

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Mailing Address: \_\_\_\_\_

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Mailing Address: \_\_\_\_\_

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Racial Appearance (Check One)

White     Black     Am. Indian     Japan     China     Other

Skin Tone (Check One)    Light     Medium     Dark

Height:    Ft. \_\_\_\_ In. \_\_\_\_    Age: \_\_\_\_\_

DOB: \_\_\_\_\_    Place of Birth: \_\_\_\_\_

SS#: \_\_\_\_\_

**Emergency Service Provider Experience**

Please list all emergency services experience: include organization, offices held, length of service and training completed: \_\_\_\_\_

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Briefly state your reason for seeking membership in this organization: \_\_\_\_\_

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I, \_\_\_\_\_, hereby apply for membership in the East Greenbush Fire Company, Incorporated. In connection with this application and all addendums, I hereby submit that my answers to the questions are complete and accurate to the best of my knowledge. I authorize the submission of my name and other identifying information as necessary for the purpose of arson and background review. Furthermore, I understand that if any statement(s) made in support of this application are found to be false, this application shall be considered falsified and membership shall be denied.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>THIS SECTION FOR OFFICE USE ONLY</b>
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Proposed by: \_\_\_\_\_ Seconded by: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

**Application Reviewed by:**

Membership Committee \_\_\_\_\_ Date \_\_\_\_\_

Approved

Not Approved

Reason Not Approved: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
President: \_\_\_\_\_ Date: \_\_\_\_\_

Chief: \_\_\_\_\_ Date: \_\_\_\_\_

Application First Reading Date: \_\_\_\_\_

Application Second Reading and Vote Date: \_\_\_\_\_

Candidate Approved

Rejected

*Archival Disposition of this application:*

*Forwarded to Secretary of the East Greenbush Fire District #3 Board of Fire Commissioners.*