

**APPLICATION FOR MEMBERSHIP**

**Charlton Volunteer Fire Department #1  
786 Charlton Road  
Charlton, NY 12019**

*Please print and fill out this form and bring it by the Charlton Firehouse any Monday evening.*

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: Home \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_  
SSN: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Have you been a member of the US Armed Forces? Yes \_\_\_ No \_\_\_  
Do you hold a NYS Drivers License? Yes \_\_\_ No \_\_\_ Drivers License No: \_\_\_\_\_  
Are there any restrictions or conditions that we should know about? Yes \_\_\_ No \_\_\_  
If Yes, please explain: \_\_\_\_\_

How long have you resided at the above address? Years: \_\_\_\_\_ Months: \_\_\_\_\_

Do you have any additional information about a change in your name or your use of an assumed name or nickname is necessary to enable a check on your eligibility or membership? Yes \_\_\_ No \_\_\_

List your employers for the last three years:  
Name of Company(s): \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Please indicate your availability to participate in normally required fire department activities (Meetings, Drills and Emergency Calls). Please check appropriate time periods:

Weekdays: Days \_\_\_\_\_ Evenings \_\_\_\_\_ Nights \_\_\_\_\_  
Weekends: Days \_\_\_\_\_ Evenings \_\_\_\_\_ Nights \_\_\_\_\_

Do you have previous emergency services experience (include only fire, rescue, police and emergency medical service related agencies)

Name of Agency: \_\_\_\_\_ Address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Years of Experience: \_\_\_\_\_ Firematic Offices Held: \_\_\_\_\_

Educational Experience: \_\_\_\_\_

Are there now any pending or have you ever been convicted of or pled guilty to a Felony, Misdemeanor, Insurance Fraud, Arson including but not limited to, or a reduction of any of these offenses which was not terminated in your favor? Yes \_\_\_ No \_\_\_ If Yes, give details on attached sheet.

Charlton Fire Department will do a background check on the applicant that will be performed by the Saratoga County Sheriff's Department. Please list three personal references, other than members of this organization, who have known you for at least three years.

Name 1 : \_\_\_\_\_

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

Name 2 : \_\_\_\_\_

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

Name 3 : \_\_\_\_\_

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

Please list the names of any acquaintances that are members of this organization: \_\_\_\_\_

OSHA regulations require that you pass a physical examination before becoming an active member. All active members of Charlton Volunteer Fire Department are required to have a medical examination. This will be provided free of charge by our medical provider. Will you be willing to undergo a medical examination? Yes \_\_\_ No \_\_\_

Additional Information: \_\_\_\_\_

It is my desire to become an \_\_\_ active member of the Charlton Volunteer Fire Department. I shall abide by the Constitution and by-laws governing the Company. To the best of my knowledge, I do not have any mental or physical conditions that will restrict the full performance of my duties in the fire company. Exceptions to the above are as follows: \_\_\_\_\_

Within the Freedom of Information Law, all information contained or obtained herein will remain confidential and will be used only for internal membership processing.

In witness whereof, this application has been subscribed this \_\_\_ day of \_\_\_, 20\_\_\_ by the undersigned applicant who affirms that the statements made are true under penalty of perjury.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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