



Charlton Fire Department

677 Charlton Road, Ballston Lake NY 12019

(518) 399-1967

Application for Membership

Personal Information	
Full Name:	DOB:
Address:	
Home Phone Number:	Work Number:
Mobile Number:	Email:
Have you been a member of the armed forces?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you hold a NYS Drivers License?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Drivers License Number:	
Are there any restrictions?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please explain:	
Emergency Contact:	Phone Number:
Address:	

Employment History (Last Three Years)	
Employer:	Phone Number:
Address:	
Employer:	Phone Number:
Address:	

Availability for Department Activities (Meetings, Drills/Training, and Emergency Calls)			
Please Check Appropriately			
Weekdays:	Days <input type="checkbox"/>	Evenings <input type="checkbox"/>	Nights <input type="checkbox"/>
Weekends:	Days <input type="checkbox"/>	Evenings <input type="checkbox"/>	Nights <input type="checkbox"/>

Previous Emergency Services Experience (Fire, EMS, Police)	
Agency Name:	
Address:	
Contact Person	Phone Number:
Years of Experience	Positions Held:



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Education Experience	
Please List Any Education:	

Criminal Convictions	
Have you ever been convicted of a felony?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please explain:	
<i>The Charlton Fire Department have a background check performed by the Saratoga County Sheriff's Department.</i>	

References (Please List Three)	
Name 1:	Phone Number:
Address:	
Name 2:	Phone Number:
Address:	
Name 3:	Phone Number:
Address:	

Acknowledgment and Affirmation	
By signing below, I have indicated my desire to become an active member of the Charlton Volunteer Fire Department. I shall abide by the constitution and by-laws of the Company. I also understand that with the Freedom of Information Law, all information contained or obtained herein will remain confidential and will be used for internal membership processing only. I also affirm that all information given and obtained herein are true to the best of my knowledge.	
Applicant Signature:	Date:

Please mail in your completed application or return it to the Charlton Fire Department on a Monday night between 7:00 pm and 8:00 pm.

Fire Department Use Only	
<i>Sign and indicate recommendation (yes or no) of the applicant to be accepted as a member of the Charlton Fire Department</i>	
Signature:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Signature:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Signature:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Signature:	Yes <input type="checkbox"/> No <input type="checkbox"/>