

**KEENE VALLEY
HOSE AND LADDER COMPANY, NO. 1, INC.
KEENE VALLEY, NEW YORK 12943**

MEMBERSHIP APPLICATION

DATE: _____

NAME: _____

APPLICATION FOR:

FIRE MEMBER: _____ **RESCUE:** _____ **FIRE/RESCUE:** _____

STREET ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

HOME PHONE: _____ **WORK PHONE:** _____ **CELL PHONE:** _____

DATE OF BIRTH: _____ **PLACE OF BIRTH:** _____

AGE: _____ **SOCIAL SECURITY NO.** _____ **SEX:** M _____ F _____

HEIGHT: _____ **WEIGHT** _____ **lbs.** **HAIR COLOR** _____ **EYE COLOR** _____

DO WEAR GLASSES? YES: _____ **NO:** _____ **CONTACT LENSES?: YES:** _____ **NO:** _____

DO YOU HAVE A DRIVERS LICENSE? YES: _____ **NO:** _____ **ID. NO.** _____

WHAT CLASS: _____

(PLEASE PROVIDE COPY OF LICENSE) PROVIDED: YES: _____ **NO:** _____

VIOLATIONS: YES: _____ **NO:** _____ **PLEASE LIST:** _____

CURRENT RESIDENT OF KEENE VALLEY? YES: _____ **NO:** _____ **HOW LONG HAVE**

LIVED IN KEENE VALLEY? _____

CITIZEN OF THE UNITED STATES? YES: _____ NO: _____

IF NO, DO YOU HAVE THE LEGAL RIGHT TO STAY IN THE UNITED STATES?

YES: _____ NO: _____ EXPLAIN: _____

IS ADDITIONAL INFORMATION ABOUT A CHANGE IN YOU NAME OR YOUR USE OF AN ASSUMED NAME OR NICKNAME NECESSARY TO ENABLE A CHECK ON YOUR ELIGIBILITY FOR MEMBERSHIP? YES _____ NO _____ IF YES, PLEASE PROVIDE : _____

PLEASE INDICATE TIMES/DAYS YOU CANNOT PARTICIPATE IN FIRE DEPARTMENT ACTIVITIES: _____

HAVE YOU BEEN A MEMBER OF THE UNITED STATES ARMED FORCES?

YES: _____ NO: _____ IF YES, WERE YOU HONORABLY DISCHARGED?

YES: _____ NO: _____ PLEASE PROVIDE DATES OF SERVICE IF YOU WERE

HONORABLY DISCHARGED: _____

HAVE YOU RECEIVED ANY DISABILITY OR COMPENSATION BENEFITS?

YES: _____ NO: _____ IF YES, PLEASE PROVIDE DATES AND DETAILS: _____

DO YOU HAVE ANY RESTRICTIONS THAT MAY LIMIT YOUR ABILITY TO PARTICIPATE IN FIRE DEPARTMENT ACTIVITIES? YES: _____ NO: _____ IF YES, PLEASE PROVIDE

DETAILS: _____

PLEASE TELL US WHY YOU WOULD LIKE TO BECOME A MEMBER OF THE KEENE VALLEY FIRE DEPARTMENT:

EMERGENCY CONTACTS

NAME: _____ **RELATIONSHIP:** _____

HOME PHONE: _____ **WORK PHONE:** _____ **CELL PHONE:** _____

PHYSICIAN: _____ **PHONE NO.** _____

HOSPITAL PREFERENCE: _____

BLOOD TYPE: _____

REFERENCES:

PLEASE LIST TWO (2) NON FAMILY REFERENCES:

NAME: _____ **PHONE:** _____

ADDRESS: _____

NAME: _____ **PHONE:** _____

ADDRESS: _____

CURRENT KEENE VALLEY FIRE DEPARTMENT MEMBER RECOMMENDING YOU FOR MEMBERSHIP:

NAME: _____ **SIGNATURE:** _____

PLEASE PROVIDE PREVIOUS FIRE EXPERIENCE (NONE REQUIRED, TRAINING TO BE PROVIDED)

FIRE SERVICE: _____

FIRE CHIEF: _____

HOME PHONE: _____ **WORK PHONE:** _____ **CELL PHONE:** _____

ADDRESS: _____

DATES OF MEMBERSHIP: _____ **TO:** _____

PLEASE PROVIDE COPIES OF CERTIFICATIONS: i.e. Fire Fighter I, II, Survival, etc.

PLEASE PROVIDE PREVIOUS EMS EXPERIENCE IF ANY (NONE REQUIRED, TRAINING TO BE PROVIDED)

EMS SERVICE: _____

EMS CAPTAIN - DIRECTOR: _____

HOME PHONE: _____ **WORK PHONE:** _____ **CELL PHONE:** _____

ADDRESS: _____

DATES OF MEMBERSHIP: _____ **TO:** _____

PLEASE PROVIDE COPIES OF CERTIFICATIONS: CPR, Red Cross First Aid, EMT

PLEASE LIST OTHER EXPERIENCE THAT MAY BE USED BY THE KEENE VALLEY FIRE DEPARTMENT IN THE COURSE OF IT 'S DAY TO DAY OPERATIONS:

I having made application for membership in the Keene Valley Fire Department, 15 Market Street, Keene Valley, NY 12943, do hereby authorize the Keene Valley Fire Department to obtain any records or information regarding my application, said information to include arrest and conviction records. I do solemnly swear that this information provided is true and correct and that information deemed to be incorrect may preclude me from membership in the Keene Valley Fire Department.

(Signature)

Thank you for interest in joining the Keene Valley Fire Department. We look forward to reviewing your application.

APPROVED: _____

REJECTED: _____ (Reason given for rejection) _____

Secretary

Date