

APPLICATION FOR MEMBERSHIP



# West Clinton Fire District

219 Hollow Rd. Staatsburg, NY 12580

Station 1: (845) 889-4444 Station 2: (845) 266-3333

Commissioners' Fax: (845) 889-8542 Chief: (845) 773-9399

Secretary/ Treasurer: (845) 773-9398

Applicant's Name: \_\_\_\_\_  
Last First MI

Home Address: \_\_\_\_\_  
Number and Street

\_\_\_\_\_  
City or Town State Zip Code

How long have you resided at this address? \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Are you over the age of 18? Yes \_\_\_\_\_ No \_\_\_\_\_  
If no, give your age \_\_\_\_\_ (Parental consent required if under age 18)

\*Optional: Are you currently employed? Yes \_\_\_\_\_ No \_\_\_\_\_

\*If yes, give your employer's name and phone # \_\_\_\_\_

\*May we contact your employer for a reference? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a valid New York State driver's license? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been a member of the United States Armed Forces? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, state branch and discharge date and type \_\_\_\_\_

Have you ever been convicted of or pled guilty to a felony and/or misdemeanor, insurance fraud, arson, or reduction of one of these offenses? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have any previous emergency services experience? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what kind of experience? \_\_\_\_\_

Have you ever been a member of a fire department previously? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what organization and for how long? \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Contact - Name and Number \_\_\_\_\_

I would like to be part of: (Choose as many as you'd like)

Fire Department \_\_\_\_\_ | Rescue Squad \_\_\_\_\_ | Fire Police \_\_\_\_\_ | Support Member \_\_\_\_\_

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Please list three references of people that are not members of the organization

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Name	Address	Phone #
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Name	Address	Phone #
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Name	Address	Phone #
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Do you know anyone from this organization? Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, please state their name.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Once approved by the membership of this organization, I understand that I still have to be approved by the Board of Fire Commissioners. I also understand that I can be disapproved for membership of this organization at any time during this stage. I agree to have a physical that the fire district will pay for to be sure that I am fit for the duties that I have chosen. I also understand that there will be an arson background check per the New York State law.

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Applicant's Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

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Signature of parent or guardian authorizing consent  
(Only if applicant is under 18)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

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1<sup>st</sup> Endorsement:

Recommended by: \_\_\_\_\_  
(Name of Company Member)

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

2<sup>nd</sup> Endorsement:

We, the Membership Investigating Committee,  
report that we have inquired into the character and competency of the applicant and recommend:  
Approval \_\_\_\_ | Disapproval \_\_\_\_ of membership

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Chief's Signature: \_\_\_\_\_

3<sup>rd</sup> Endorsement:

The applicant was voted membership to the Company at the meeting held on

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

President's Signature: \_\_\_\_\_

4<sup>th</sup> Endorsement:

Did applicant pass their physical?

Yes \_\_\_\_ No \_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Did applicant pass their Arson Form?

Yes \_\_\_\_ No \_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Commissioner's Signature: \_\_\_\_\_

5<sup>th</sup> Endorsement:

We, the Board of Fire Commissioners, do Approve / Disapprove membership  
to the District, of the above named at the meeting held on

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Chairman's signature: \_\_\_\_\_