

West Clinton Fire District
219 Hollow Road
Staatsburg, New York 12580
Fax 845-889-8542 | Phone 845-889-4444

APPLICATION FOR MEMBERSHIP

Applicant's Name: _____
Last First MI

Home address: _____
Number and Street

City or Town State Zip Code

Phone Numbers: () _____ () _____ () _____
Home Mobile Work

Email Address: _____

Are you over the age of 18? YES _____ NO _____

(If No Parental consent is required) _____
Name Phone Number

Emergency Contact Name: _____ Phone: () _____

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 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 before? Yes _____ No _____
If yes, what organization and for how long? _____

Reason for leaving: _____

Contact Name and Number at that department: _____

Which part of the department do you wish to be a part of? (Choose as many as you would like)
Fire Department _____ Fire Police _____ Support Member _____ EMS _____

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

1)	_____		
	Name	Address	Phone Number
2)	_____		
	Name	Address	Phone Number
3)	_____		
	Name	Address	Phone Number

Do you know anyone from this organization? Yes _____ | No _____
If so, please state their name.

1) _____	2) _____
3) _____	4) _____

Once approved by the membership of this organization, I understand that I shall 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.

_____	_____
Applicant's Signature	Date

_____	_____
Signature of parent or guardian authorizing consent (Only if applicant is under 18 years of age)	Date

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(This page is for Company and District use only)

Applicant's name: _____

Did applicant pass their Arson Background check? Yes _____ No _____ Date _____

Did applicant pass their physical? Yes _____ No _____ Date _____

Commissioner's signature: _____ Date _____

We, the membership committee have received this applicant's application and
Accept _____ or reject _____ this applicant as an Active Probationary/Active Junior
member at this time. (circle one)

Committee member's signature: _____ Date _____

We, the Board of Fire Commissioners, Approve: _____ Disapprove: _____ membership to
the West Clinton Fire District for the above-named applicant at the meeting held on:

_____.

Chairman or Co Chairman's signature: _____ Date _____

We, the membership committee, report that we have inquired into the character and
competency of the applicant and recommend to the Company:

Approval _____ | Disapproval _____ | No recommendation _____ of membership.

Committee member's signature: _____ Date _____

The applicant was voted into the company as an Active Full / Active Life member at the meeting
held on: _____ (Circle one)

President or Vice President's signature: _____ Date: _____