



## APPLICATION FOR MEMBERSHIP

Please check the type of membership desired:

- ☐ Active Fire/EMS (must reside or work in the fire protection district.)
- ☐ Active EMS (must reside or work in the fire protection district.)
- ☐ Associate

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(please print your full name)

- ❖ All requested information must be completed before this application can be processed.
- ❖ All applicants for active membership must be at least seventeen (17) years of age.
- ❖ Associate membership application must be accompanied with twenty five dollars, (\$25.00). Dues is twenty five dollars, annually.
- ❖ The Department's regular meetings are held the first Thursday evening, at 7:30 P.M. of every month.
- ❖ All members must abide by the Department's By-Laws and all rules and regulations governing the Department.
- ❖ Upon leaving the Department, I agree to return all Department owned property, immediately, or I agree to pay the replacement costs of all items.
- ❖ I have read the above general information and agree to abide by same.

Signature: \_\_\_\_\_

**Full legal name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**Town:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Previous Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Social Security #** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Place of Birth:** \_\_\_\_\_

**Do you hold a valid New York State Driver's License?** ☐ Yes ☐ No

**Driver's License Number:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Employer:** \_\_\_\_\_

**Date Employed:** \_\_\_\_\_ **Employer Phone:** \_\_\_\_\_

**Employer Address:** \_\_\_\_\_

**Are you a citizen of the United States?** ☐ Yes ☐ No

**Are you now or have you ever been a party, or directly or indirectly connected or affiliated with a party, or with any organization or group advocating or believing in the overthrow of the government of the United States of America?** ☐ Yes ☐ No

**Have you ever been dishonorably discharged from military service?** ☐ Yes ☐ No

**Have you ever been charged with or convicted of any crime, felony or misdemeanor?** ☐ Yes ☐ No

**Are you currently collecting any disability benefits due to an injury or illness?**  
☐ Yes ☐ No

**Do you have any past or present illness or injury that would prevent you from performing your duties as an Active Member?** ☐ Yes ☐ No

If you have answered Yes to the previous questions, please provide an explanation on a separate sheet of paper.

Have you ever been or are presently a member of a volunteer or career fire department? ☐ Yes ☐ No

If Yes, please list all training received offices held, committees served on and if no longer a member, the reason for leaving. Please provide copies of training at the time of interview.

Is additional information about a change in your name or your use of an assumed name or nickname necessary to enable a check on your eligibility for membership?  
☐ Yes ☐ No If Yes, explain: \_\_\_\_\_

Height : \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Type: \_\_\_\_\_  
Date of last Medical exam: \_\_\_\_\_ Doctor: \_\_\_\_\_

I wish to receive hepatitis vaccine: ☐ Yes ☐ No

If No, please sign: \_\_\_\_\_

Name of spouse (if applicable): \_\_\_\_\_

List three (3) character references that have known you for the past five (5) years but are not related to you:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**APPLICANT: DO NOT WRITE BEYOND THIS POINT**

**REPORT OF THE CHIEF'S:**

CHIEF \_\_\_\_\_

1<sup>ST</sup> ASSISTANT CHIEF \_\_\_\_\_

2<sup>ND</sup> ASSISTANT CHIEF \_\_\_\_\_

☐ Passed

☐ Rejected

**SECRETARY'S REPORT:**

Date application received \_\_\_\_\_

Date given to Chief's \_\_\_\_\_

Date posted \_\_\_\_\_

Date elected \_\_\_\_\_

Secretary's signature \_\_\_\_\_

**APPLICANT'S AUTHORIZATION FOR RELEASE OF  
INFORMATION**

In order to confirm the information I have supplied on my application for membership with the Mahopac Volunteer Fire Department, I authorize all licensing agencies, educational institutions, law enforcement agencies, present and former employers and military services to disclose their relevant records about me to the Mahopac Volunteer Fire Department whether the information be of public, private or of a confidential nature, and I release them from any liability and responsibility from doing so. This authorization, in original copy form, shall be valid for this and any future information, reports or updates that may be requested.

I understand that this form will accompany requests for official documents and confirmations of my credentials.

_____	_____	_____
Applicant name (print)	signature	date

Witnessed by:

_____	_____	_____
Name and Title (print)	signature	date

