

Round Lake Hose Company No. 1

P.O. Box 66

Round Lake , N.Y. 12151

APPLICATION FOR MEMBERSHIP

Name _____ Date _____

Address _____

Telephone (h) _____ (w) _____ Membership Request _____ Active _____ Support _____

Social Security# _____

Drivers License # _____

Years at present address ? _____

Currently Employed (Y) _____ (N) _____

Have you ever been convicted or plead guilty to a felony, misdemeanor, arson charge, or to a reduction of any one of these offenses which was not terminated in your favor ? (Y) _____ (N) _____

Name of Company _____

Supervisor _____

Telephone _____

Previous emergency service experience ?

Agency _____

Contact _____

Years of Experience _____

OSHA regulations require that you pass a Physical examination before becoming an interior structural firefighter. All RLFD personal are required to have a medical examination, provided free by our medical provider. Are you willing to undergo such an exam ? (Y) _____ (N) _____

Positions held _____

Please list three personal references, other than members of this organization, who have known you for at least three years.

Name _____ Name _____ Name _____

Address _____ Address _____ Address _____

Telephone _____ Telephone _____ Telephone _____

WITHIN THE FREEDOM OF INFORMATION LAW, ALL INFORMATION CONTAINED OR OBTAINED HEREIN WILL REMAIN CONFIDENTIAL AND WILL BE USED ONLY FOR INTERNAL MEMBERSHIP PROCESSING.

It is my desire to become a member of the Round Lake Hose Company and Round Lake Fire Department.

I shall abide by the Constitution and By-Laws governing said organization. To the best of my knowledge, I do not have any mental or physical condition that will restrict the full performance of my duties in this fire department .

Possible exceptions to the above are as follows:

In witness whereof, this application has been subscribed the _____ day of _____

, _____ by the undersigned applicant who affirms hat the statements made herein are true under the penalties of perjury.

Applicants Signature _____ Date _____

Sponsor Signature _____ Date _____

Persons under the age of eighteen (18) need to complete the following:

I give my consent for the above applicant whose age is _____, to become a member of the Round Lake Volunteer Fire Department.

Parent or Legal Guardian Signature _____ Date _____

As the Membership Committee of the Round Lake Hose Company, after having interviewed the above applicant and having received his/her word of honor to uphold our Constitution and BY – Laws, by remaining in good standing, hereby recommend this applicant be accepted by the Hose Company and the Village Board.

Membership Committee Signatures: _____ Date _____

_____ Date _____

_____ Date _____

Accepted / Rejected by Hose Company on (date) _____

Forward any application for membership as an active firefighter within the Round Lake Volunteer Fire Department to Village Board for their review.

We, the undersigned Village Board of Trustees,approve the applicant as stated above.

Fire Department Entrance Physical received on (date) _____

Accept / Rejected by the Village Board of Trustees on (date) _____

PRIVACY NOTIFICATION

Section 94 of the Public Officers Law (Personal Privacy Protection Law) requires that you be notified of the following facts when information, which will be maintained in a record system, is collected from you. The authority to request and confirm personal information about you is found in Article 6 of the Executive Law.

The information obtained will:

Be used to determine your qualifications for the position for which you are applying
Be released to the Fire Chief and your potential supervisor
Be maintained in your personnel file

Failure to provide the information or authorization will result in your application not being considered for membership.

APPLICANTS AUTHORIZATION FOR RELEASE OF INFORMATION

In order to confirm the information I have supplied on my application for membership with the Round Lake Hose Company Inc., I authorize all licensing agencies, law enforcement agencies, and present and former employers to disclose their relevant public, private or confidential nature and release them from any liability and responsibility from doing so. This authorization, in original copy form, shall be valid for their 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.

Applicants Name (print) _____

Applicants Signature _____

Date: _____

Witnessed by:

Name and Title (print) _____

Witness Signature _____

Date _____