

Granby Center Volunteer Fire Dept. Inc.

P.O. Box 358
Fulton, NY 13069

Membership Application

Applicant must be 16 years of age and live within 2 driving miles of the fire district. Please type or print.

Name: _____ Date: _____
 Last First M. I.

Address: _____ Apt. #: _____

City: _____ Zip: _____ Home Phone: _____

Number of years at present residence: _____

Age: _____ Date of Birth: _____ Place of Birth: _____

Social Security Number: _____

Driver's License: (NY State #): _____ Class: _____

Have you ever been convicted of a crime (Misdemeanor or Felony) other than a Parking Violation? Yes: _____ No: _____

Traffic Violation (s) Yes: _____ No: _____

If yes, list date and type of conviction: _____

(Attach additional Sheets If Required)

Part Two: Employment

Name of Employer: _____

Employer Address: _____

Business Phone #: _____ Hours of Employment: _____

How long have you been employed by this firm? _____

Part Three: Service Record

Have you ever served in the U.S. Armed Forces? Yes: _____ No: _____

Branch: _____ Type of Discharge: _____

Rank at Discharge: _____

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Part Four: Membership

I wish to be considered for membership in the Granby Center Volunteer Fire Department as a: _____ active member

Have you previously applied for membership in Granby Center? _____

If you were accepted, and are no longer a member, please state reason for terminating membership: _____

Part Five: Medical History

Listed below is a brief description of the duties an active member of this department is expected to perform. This is not an inclusive list and is only meant to be representative.

1. Climbing (Including ladders)
2. Lifting and carrying heavy (100+ lbs) objects over a distance
3. Crawling on hands and knees
4. Using self contained breathing apparatus
5. Working in untenable atmosphere and in hazardous situations

Are you aware of any medical conditions which would limit your participation? Yes _____ No _____

Do you now, or have you in the past experienced any of the below:

_____ Heart Attack	_____ Stroke
_____ Circulatory Problems	_____ High Blood Pressure
_____ Respiratory Problems	_____ Vision or Hearing Problems
_____ Back Disorders	_____ Foot, Leg, Arm, or Hand Amputee
_____ Other	

If yes, please indicate nature of injury/condition and date of occurrence: _____

Part Six: Previous Experience

List below any previous experience. Include name and address of any prior organization, length of service and reason for leaving.

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Please list a reference from each of the above department/organization. Include name, address, phone and title/position held:

Part Seven: Education

High School: _____

Address: _____

Are you still in school? Yes _____ No _____

Highest grade completed: _____

College: _____

Address: _____

Course of Study: _____

List below any approved fire schools, medical courses and certifications which you have successfully completed and are currently certified in. (Please be as specific as possible and include where the course was taken, the approximate dates, and the state registry number, if applicable.)

Fire Courses: Essentials of firemanship: _____

Others: _____

E.M.S. Courses: EMT Level : _____ Card Number: _____

Place taken: _____ Expiration Date: _____

CPR: _____ Expiration Date: _____

Others: _____

Note: Applicants must produce certificates upon request.

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Part Eight: Emergency Notification

Next of kin: _____ Relationship: _____

Who should we notify in the event of emergency?

Name: _____ Relationship: _____

Day Phone: _____ Night Phone: _____

Address: _____

Should we notify this person in the event of a minor injury? _____

What is your blood type? _____

Please *read, sign and date* the below agreement before returning:

As part of our membership investigation procedure, a routine inquiry may be made which will provide applicable information concerning character, general reputation, driver's history and personal characteristics. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

I understand that any false answer or statements or implications made by me on this application or other required documents shall be considered sufficient cause for denial of membership or removal from the active roster of this department.

I enclose the one dollar (\$1.00) membership fee which will be refunded if I am rejected for any reason. And I will forfeit it if I am accepted by the department, but dropped for any reason at a later date by the department.

I certify that I am not a member of any other Volunteer Fire Department. If accepted, I will at all times conduct myself so as to reflect credit on the organization, and that I will abide by the By-Laws of the department.

I do most solemnly and sincerely affirm I will not reveal any proceedings or business of any meeting of the department. I will abide by the decision of the department, should my application for membership be turned down, for whatever reason. I will not hold the Granby Center Volunteer Fire Department or any of its officers or members responsible. To this I pledge my honor and place my signature approval.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Signed: _____ Date: _____

The Granby Center Volunteer Fire Department does not discriminate because of race, creed, color, religion, national origin, or sex.

List three (3) present members of this department as reference if possible.

1. _____

2. _____

3. _____

Note: Not having any references does not deny this application.

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** * * * * Do not write below this line * * * * *

Application received on: _____

Date investigated: _____

Law Enforcement Agency's Findings: _____

Board of Fire Commissioners: _____ Approved _____ Disapproved

Date: _____ President: _____

Medical Exam: _____ Passed _____ Failed Date: _____

_____ Accepted by membership _____ Rejected by membership

Date: _____ Secretary: _____

Additional Comments: _____

Date Resigned: _____ Terminated: _____

Reason: _____

Please return to:

Granby Center Volunteer Fire Department
Attn: Membership Committee
PO Box 358
Fulton, NY 13069