



South Blooming Grove Fire District
Independence Fire Company
819 Route 208 Monroe, N.Y. 10950
Phone: (845) 783-9606

Application for Membership

Date of Application ____/____/____

Social Security No. ____ - ____ - ____

Name _____
Last First Middle

Address _____

Phone No. _____ Length of time in district _____

Place of birth _____ Date of Birth _____ US Citizen _____

Have you ever been convicted of a crime in this or any other jurisdiction? If yes, provide details _____

Have you ever served as a volunteer or paid firefighter? If yes provide name of previous department, years served and highest rank held _____

Do you hold a valid NYS driver's license? _____ Driver's License No. _____

Has your license ever been revoked or suspended? If yes provide explanation _____

Present Occupation _____ How Long _____

Name & Address of current employer _____

List the extent of education _____

Marital Status _____ Spouse's Name _____ Homeowner (yes/no) _____

Name, Address & Phone No. of person to contact in case of emergency _____

What is your reason for joining the department? _____

Veteran (yes/no) _____ Branch _____ Type of discharge _____

Yes / No

___ ___ Do you have a fear of heights?

___ ___ Are you aware of the dangers of being a firefighter?

___ ___ Are you willing to volunteer for services during an emergency in this or any other district to which you may be called?

___ ___ Do you have a reasonable amount of time available to both answer emergency calls and attend company activities, drills and training sessions?

___ ___ Will you respect the command of superior officers and accept the responsibility to uphold the rules and regulations of this department as set forth by the Board of Fire Commissioners and Chief Officers of the South Blooming Grove Fire District?

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To the best of my knowledge the above information is correct and by signing this application, consent is given for a full investigation of all statements contained herein. Failure to provide truthful and accurate information may be grounds for denial of this application and may result in dismissal from membership if discovered after acceptance and appointment.

Applicant consents to the Fire Company, fire department, and/or Fire District conducting a full background and arson check. Said check may include a search of available public records relative to criminal convictions. A search of the records of the New York State Department of Motor for the purpose of verifying driver's license class, validation – suspension, revocation status, and driving records relating to moving violations and accidents, and a search of any records available from credit reporting agencies, courts or other governmental entities maintaining pertinent governmental records. Applicant consents to such pre-appointment investigations, and to any periodic post-employment searches deemed necessary by the Board of Fire Commissioners and Chief Officers.

Applicant understands that he or she is applying for the position of Firefighter, and if accepted will be required to perform the duties of an interior structural firefighter which duties include the use of self-contained breathing apparatus (SCBA), as defined by New York State. Failure to meet this requirement or willingness to become a qualified interior firefighter within two years of application shall result in the termination of the application. Applicant further understands that he or she will be required to take a physical examination at the time of application and yearly thereafter in accordance with the district's policy in order to make certain that he or she is physically able to perform the duties to be assigned in accordance with the Federal OSHA guidelines as adopted by the State of New York and enforced by the New York State Department of Labor. (Said entrance level physical examination contains a requirement of drug testing). The applicant is responsible for the cost of the initial physical examination. Applicant agrees to abide by all rules established to provide for his or her safety. Written authorization from a Doctor showing results of exam and authorization to wear SCBA must be provided to the membership committee before applicant can be issued firefighting gear or start training.

If applicant is under the age of 18 a parent/guardian must fill out the following and sign the bottom, or the application will not be accepted.

I, _____, the parent/guardian of _____, am aware and give him/her permission to join the South Blooming Grove Fire District as Volunteer Junior Firefighter.
A \$15.00 dues fee must accompany this application

Applicant's signature Date

Witness signature Date

Print Name

Print Name

Parent/Guardian signature Date

Witness signature Date

Print Name

Print Name

Fire Department use only

Appropriate Officer to Sign Below & Date

Approval by membership committee _____ Date _____

Approval by Chief of Dept _____ Date _____

Approval by Board of Fire Commissioners _____ Date _____

Badge No. _____ Resignation Date _____