

Cottekill Fire Company

APPLICATION FOR MEMBERSHIP

DATE ___/___/___

To the Officers and Membership of the Cottekill Fire Company:

I, the undersigned, hereby make application to become an ___ ACTIVE MEMBER ___ SOCIAL MEMBER of the Cottekill Volunteer Fire Company, agreeing to abide by its By-Laws, Rules and Regulations.

I certify that I am a Citizen of the United States of America and Reside in Ulster County, NY.

I hereby certify that all information is complete and correct. I understand that the Fire Chief may verify any and all information contained in this application. I further understand that any false data supplied may be considered grounds for expulsion.

Signed: _____ Sponsor: _____

PERSONAL DATA

EMPLOYMENT INFORMATION

Name: _____

Occupation: _____

Address: _____

Employer: _____

City, State, Zip _____

Address: _____

Home Tel: # _____

Phone # : _____

E-Mail: _____

Date Of Birth ___/___/___ Ht: _____

Driver Lic: ST. _____ # _____ Class _____

Soc Sec # _____

Alias and/or Maiden Name: _____

Racial Appearance: _____

Skin Tone: Light Medium Dark

Place of Birth (city, county, and state/country)

Medical History i.e.: (Allergies, Medications, Heart Condition)

ADDITIONAL INFORMATION

List any Firematic or EMS training you have had including Locations and Dates: _____

List any hobbies, special skills, or interests that may be of value to the fire company: _____

In Case of Illness or Injury Please Notify

Name: _____

Address: _____

City, State, Zip: _____

Phone # : _____ Relationship: _____

Applicants Name Last: _____ First: _____ Middle Initial: _____

OPTIONAL DATA

Education Level: _____

High School: _____

Month/Year Graduated: _____

College: _____

Month/Year Graduated: _____

Degree: _____

Coarse of Study: _____

G.P.A.: _____

Military Service:

Branch: _____ Year Discharged: _____

Type of Discharge: _____

Rank at Discharge: _____

FOR OFFICIAL USE ONLY

The Officers of the Cottekill Fire Company reports on the above applicant as follows: _____ Favorable

Chief

Assistant Chief

Captain

Lieutenant

Position:

Firefighter

Fire Police

EMS

Social Member

Back Ground Check Completed: ___/___/___ Initials: ___ Results Returned: ___/___/___ Initials: _____

Comments: