

ROTTERDAM VOLUNTEER FIRE DISTRICT #2

1400 Curry Road
Schenectady, New York 12306

Visit or web page at: www.rotterdamdistrict2.org



APPLICATION FOR MEMBERSHIP

Apprentice Firefighter (Member still in High School)

Date _____

1. _____
(Last Name) (First Name) (M.I.)

2. _____
(Address) (Apt./Suite No.)

(City, Town, Village) (State) (Zip Code)

3. Telephone: (____) _____ (____) _____ (____) _____
(Home) (Work) (Cell / Mobile)

4. E-Mail Address _____

5. How long have you resided at the above address? Years: _____ Months: _____

6. How long have you resided in New York State? Years: _____ Months: _____

7. Are you 18 years of age or older? Yes _____ No _____ If No, state your age. _____

8. Is additional information about a change in your name or your use of an assumed name or nickname necessary to enable a check on you eligibility for membership?

Yes _____ No _____ If "Yes", explain.

9. Are you currently employed? Yes _____ No _____
If "Yes" give organization information below. May we contact you organization as a reference?

Yes _____ No _____

Company _____ Contact Person _____

Address _____ Telephone (____) _____

	Application Received	BOD Interview	Company Ballot	Physical Complete Notice	Oath Taken
Date / Time					
By:					
Comments:					

10. Do you have a valid New York State Drivers License? Yes _____ No _____

11. Please indicate your availability to participate in normally required fire department activities (meetings, drills and emergency calls).

Week Days: Days _____ Evenings _____ Nights _____

Weekends: Days _____ Evenings _____ Nights _____

12. Previous emergency services experience: (include only fire, rescue, police, and emergency medical service agencies).

Name of Agency _____

Address _____

Contact Person _____ Telephone (____) _____

(If more space is required, please attach an additional sheet)

13. Have you ever been a member of the United States Armed Forces? Yes _____ No _____

If the answer is "Yes", did you receive a dishonorable discharge? Yes _____ No _____

Dishonorable discharge is not an absolute bar to membership. This and other factors will affect a final membership decision.

If the above answer is "Yes", give complete details in the space provided below or on an attached sheet (include service branch and service dates).

14. Have you ever been convicted or pled guilty to a felony, misdemeanor, insurance fraud, arson, or a reduction of one of these offenses? Yes _____ No _____ If "Yes", give details on attached sheet.

15. Please list three (3) personal references, other than members of this organization, who have known you for at least three (3) years.

Name: _____ Tel #: _____

Address: _____

Name: _____ Tel #: _____

Address: _____

Name: _____ Tel #: _____

Address: _____

16. Please list the names of any acquaintances that are members of this organization.

17. OSHA regulations require that you pass a physical examination before becoming an active firefighter. The department's designated physician will provide you with a free medical examination. Will you be willing to undergo a medical examination? Yes _____ No _____

Additional Information