

MILLWOOD FIRE DISTRICT
BOARD OF FIRE COMMISSIONERS
100 Millwood Road Box 1
Millwood, NY 10546
Station No. 1) 914.762.4242
secretary@millwoodfire.org

MILLWOOD FIRE COMPANY #1
100 Millwood Road Box 2
Millwood, NY 10546
Greg Santone – Chiefs Aid
gsantone1@gmail.com
EMERGENCY: 911

APPLICATION FOR MEMBERSHIP

Date _____ NYS Drivers License # _____

Date of Birth _____ Are you over 18? Y N*

*Parent/Guardian's Signature required if under 18 (Minors shall not respond to alarms during school hours.)

Print Sign Date

By signing, you authorize the District/Fire Company to conduct all necessary background checks on your child.

Last Name, First Name, Middle Initial _____

Social Security No. _____

Address _____ Phone (____) _____ (H)

_____ (____) _____ (W)

Email _____ (____) _____ (C)

Height: _____ Cell Carrier _____

How long have you resided at the above address? Years ____ Months ____

Do you work in the Millwood Fire District or close proximity to it? Yes ____ No ____

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

Yes ____ No ____

If yes, explain: _____

Are you currently employed? Yes ____ No ____

If "Yes", give employer information below. May we contact your employer as a reference?

Yes ____ No ____

Name of Company _____

Address _____

Phone (____) _____

Contact Person _____

Please indicate your availability to participate in normally required fire department activities such as meetings, drills and emergency calls:

Daytime: Mon ___ Tues ___ Wed ___ Thurs ___ Fri ___ Sat ___ Sun ___
Evening: Mon ___ Tues ___ Wed ___ Thurs ___ Fri ___ Sat ___ Sun ___
Overnight: Mon ___ Tues ___ Wed ___ Thurs ___ Fri ___ Sat ___ Sun ___

Are you presently a member of any fire, rescue, police or emergency medical services agencies? Yes ___ No ___

Name of Agency _____
Address _____
Phone (____) _____
Contact Person _____

Have you ever been a member of the United States Armed Forces? Yes ___ No ___

If the answer is "Yes", did you receive an honorable discharge? Yes ___ No ___

*Dishonorable discharge is not an absolute bar to membership. This and other factors will affect a final membership decision. If yes, explain including details of service branch and service dates _____

Have you ever been convicted or plead guilty to a felony, misdemeanor, insurance fraud, arson, or a reduction of one of these offenses? Yes ___ No ___

If yes, please give details _____

Please list three personal references other than family, who have known you for at least three years.

1) Name _____
Address _____
Phone (____) _____

2) Name _____
Address _____
Phone (____) _____

3) Name _____
Address _____
Phone (____) _____

Please list the name of any acquaintances that are members of the Millwood Fire Company: _____

OSHA regulations require that you pass a physical examination before becoming an interior structural firefighter. The departments' designated physicians will provide you with a free medical examination. You must complete a personal health history form and present it to the physician before the physical examination. Will you be willing to undergo a medical examination on a routine basis? Yes ____ No ____ (If "No", this bars you from becoming a member).

Additional Health Information:

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

IN WITNESS THEREOF, this application has been subscribed this ____ day of _____, 20 ____ by the undersigned applicant who affirms that the statements made herein are true under the penalties of perjury.

By signing, you authorize the District/Fire Company to conduct all necessary background checks.

Signature _____ Witnessed By _____

Date _____ Date _____

Proposed By _____

Date _____

Any further explanations, medical history, comments, etc.:

FOR OFFICE USE ONLY:

Rec'd Millwood Fire Company _____ Initials _____

Approved by Fire Company _____ Initials _____

Approved by Fire District _____ Initials _____

NOTES: