MILLWOOD FIRE DISTRICT
BOARD OF FIRE COMMISSIONERS
P.O. Box 140
Millwood, NY 10546
Station No. 2) 914.762.4242
millwoodfire@gmail.com

## MILLWOOD FIRE COMPANY #1 P. O. Box 94 Millwood, NY 10546 Station No. 1 House Phone) 914.941.9222

EMERGENCY: 911

## **APPLICATION FOR MEMBERSHIP**

Date	NYS Drivers License #				
Date of Bir	th 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.				
Name	Social Security No				
Address _	Phone () (H)				
_	(W)				
_	( <u>)</u> (C)				
How long	have you resided at the above address? Years Months				
Do you wo	rk in the Millwood Fire District or close proximity to it? Yes No				
	nal information about a change in your name or your use of an assumed ickname necessary to enable a check on your eligibility or membership? Yes No				
If yes, exp	lain:				

Please return this application via scan or hard copy to the Millwood Fire District: millwoodfire@gmail..com

Are you currently e	mployed?	Yes	No
If "Yes", give emplo	yer information below. May we contact yo	ur employe	er 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 <u>\_\_\_\_\_</u> No\_\_\_\_\_

Name of Agency	
Address	
Phone	<u>( )</u>
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' designed 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 WHITENESS 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 Witr	nessed By
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Date \_\_\_\_\_ Date \_\_\_\_\_

Proposed By \_\_\_\_\_

Date \_\_\_\_\_

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

## FOR OFFICE USE ONLY:

Rec'd Millwood Fire District	Initials
Rec'd Millwood Fire Company	Initials
Approved by Fire Company	Initials
Approved by Fire District	Initials

## NOTES: