



Clifton Park Volunteer Fire Department  
 Clifton Park-Halfmoon Fire District #1  
 38 Old Route 146  
 Clifton Park, N.Y. 12065



**MEMBERSHIP APPLICATION**

Date \_\_\_\_\_

\_\_\_\_\_  
 (Last Name) (First Name) (M.I.)

\_\_\_\_\_  
 (Address)

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

Telephone: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
 (Home) (Work) (Cell)

How long have you resided at the above address? Years: \_\_\_\_\_ Months: \_\_\_\_\_

How long have you resided in New York State? Years: \_\_\_\_\_ Months: \_\_\_\_\_

Are you 16 years of age or older?  YES  NO, If "NO", state your age. \_\_\_\_\_

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 for 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 \_\_\_\_\_

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

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

Please check appropriate time periods.

Week Days:       Days       Evenings       Nights  
Weekends:       Days       Evenings       Nights

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

**A LETTER OF RECOMMENDATION WILL BE REQUIRED FROM THE CHIEF (OR DESIGNEE) OF ANY PREVIOUS EMERGENCY SERVICES AGENCY THAT YOU BELONGED TO.**

Name of Agency: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
(if more space is needed, please identify on attached sheet)

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 for additional information on the last page. (Include service branch and service dates.)

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 in the attached sheet.

**Effective 4/1/2000, under Section 837-o of the Executive Law, all applicants for membership to volunteer fire companies, or transfers from one company to another, must submit to a check for arson conviction records.**

Please list three personal references, **other than family members or members of this organization**, who have known you for at least three years.

A. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

B. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

C. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Please provide a letter of recommendation from another reference not listed above and return it with this application. This reference should not be a family member.**

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

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OSHA regulations require that you undergo a physical examination before becoming a 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



Within the freedom of information law, all information contained/or obtained herein will remain confidential and will be used only for internal membership processing

In witness whereof, this application has been subscribed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ by the undersigned applicant who affirms that the statements made herein are true under the penalties of perjury.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witnessed by: \_\_\_\_\_

Date: \_\_\_\_\_

### Privacy Notification

Section 94 of the Public Officers Law (Personal Privacy Protection Law) requires that you be notified of the following facts when information which will be maintained in a record system is collected from you.

The authority to request and confirm personal information about you is found in Article 6 of the Executive Law.

The information obtained will:

- be used to determine your qualifications for the position for which you are applying;
- be released to the fire chief and your potential supervisors; and
- be maintained in your personnel file (if you become a fire company member) or in our resume file for six months (if you are not a fire company member).

Failure to provide the information or authorization will result in your application not being considered for membership.

The information will be maintained by the District Administrator of the Clifton Park Volunteer Fire Company/Clifton Park-Halfmoon Fire District #1

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(518) 371-8400



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### APPLICANT'S AUTHORIZATION FOR RELEASE OF INFORMATION

In order to confirm the information I supplied on my application for membership with the Clifton Park Volunteer Fire Company, I authorize all licensing agencies, educational institutions, law enforcement agencies, present and former employers, and the military services to disclose their relevant records about me to the Clifton Park Volunteer Fire Company and the Clifton Park - Halfmoon Fire District #1 whether the information be of public, private or confidential nature; and I release them from any liability and responsibility from doing so.

This authorization, in original copy form, shall be valid for this and any future information, reports or updates that may be requested.

I understand that this form will accompany requests for official documents and confirmations of my credentials.

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**Applicant Name (Please Print)**

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**Applicant's Signature**

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**Date**

**Witnessed by:**

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**Name & Title (Please Print)**

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**Signature**

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**Date**