

PLOTTERKILL VOLUNTEER FIRE COMPANY, INC.

APPLICATION FOR MEMBERSHIP

The membership committee is recommending the following individual to be considered as a probationary active member to the company.

Signed: _____
(committee member) (Date)

Applicant: Submission of your application for approval by the company is considered after a review of your references and application by the company's executive committee. Per state law, an arson investigation check must be completed through our local policy agency and no record indicated in order to be an active member of our organization. Your appointment will be contingent on this clearance.

Applicant information: (Please print)

Name: _____
(first) (m.i.) (last)

Date of birth: _____ Phone number: _____

Address: _____

Present occupation: _____

Driver's license number: _____ Class: _____

Date of expiration: _____ Special endorsements: _____

(Please note that members must be at least 21 years of age and have completed the probationary period before receiving "behind the wheel" training on the emergency response vehicles.)

References:

Name: _____ Name: _____

Phone: _____ Phone: _____

Association: _____ Association: _____

1. Have you ever been convicted of arson or any criminal law convictions? _____

If yes, please explain: _____

2. Have you had any motor vehicle convictions in the last three years or ever had your driver's license

suspended or revoked? _____ If yes, please explain: _____

3. Have you had any driving experiences with heavy - duty trucks? _____

4. Do you have any physical or health conditions that will require accommodations in order to perform

the duties as an active member of the department? _____

If yes, please explain: _____

5. Have you had any previous firefighting, rescue or e.m.s. training or experiences? _____

Please indicate such on the reverse side of the application, including approximate dates or certifications.

6. The members of the company perform many diverse activities in support of the residents of the district and neighboring departments. Training opportunities are available in all areas of operations to the members who have an interest in developing their expertise and as required, certifications to perform these duties. Please indicate your area (s) of interest as a member in our company.

Firefighting - interior operations _____

Firefighting - exterior operations _____

Auto extrication operations _____

Emergency scene support _____

Specialized rescue operations _____

Fire police/ traffic control _____

Rope rescue _____

Search and rescue _____

Water rescue _____

Emergency medical operations _____

EMT level _____

Basic first aid _____

CPR _____

Scene support _____

Please note that members are expected to attend drills and meetings as available to assure proper training and understanding of protocols and company operations in order to maintain an active status in the company. Information regarding this is available from any firematic officer.

Applicant's statement:

I am interested in participating as an active member in the company and if accepted, will adhere to the by-laws and regulations of the company. If my level of participation requires a physical exam to be completed, I will complete such in the time frame indicated by the company's fire chief or e.m.s. captain. (Examinations are offered by a designated health provider for the company and will be paid for by the company. If a member wishes to use an alternative health care provider, the selection must be approved by the company's e.m.s. captain in order to assure compliance with NFPA / OSHA guidelines.)

I also understand that a reference and arson check will be conducted and give my permission to conduct such as indicated in the application.

Signed: _____

Date: _____

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Executive Committee Report:

The applicant indicated above has expressed an interest in being accepted as an active member in our company. Reference checks have been completed and an arson investigation request has been forwarded to the appropriate agencies for clearance. The executive committee is making the following recommendation:

Election as a probationary active member: Yes _____ No _____

Signed: _____

Dated: _____

Company approval:

Date of meeting: _____

Secretary signature: _____

**Schenectady County Sheriff's Office
 Arson Investigation Request Form
 FOR
 Plotterkill Fire Department
 3985 Putnam Road
 Schenectady, NY 12306**

NAME (LAST, FIRST, MIDDLE)	SEX	RACE
	M F	

DATE OF BIRTH - -	SOCIAL SECURITY # - -
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ADDRESS	PLACE OF BIRTH	ALIAS OR MAIDEN NAME
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NAME OF REQUESTING OFFICER & TITLE
SIGNATURE
DATE

SCHENECTADY COUNTY SHERIFF'S OFFICE USE ONLY

DATE	
<input type="checkbox"/> RESULTS OF INVESTIGATION NO ARSON CONVICTION IN NEW YORK STATE	NAME OF INVESTIGATING OFFICER & TITLE
<input type="checkbox"/> SUBJECT HAS BEEN CONVICTED OF ARSON IN NEW YORK STATE	SIGNATURE