

CHENANGO BRIDGE FIRE COMPANY, INC.

17 Kattelville Road
P.O. Box 12 Chenango Bridge, N.Y. 13745
Phone Fax
(607) 648-5742 (607) 648-5766

MEMBERSHIP APPLICATION

Fire Fighter/EMS EMS only Associate
Date _____

Name _____ Sex _____ Phone _____
Present Address _____ City / State _____ Zip _____
Mail Address _____ City / State _____ Zip _____
DOB _____ SS# _____ HT _____ WT _____ Eye Color _____ Hair Color _____
Racial Appearance (Check One) White Black "Am. Indian "Japanese "Chinese Other
Place of Birth _____ Skin Tone (Check One) Light "" "Medium "" "Dark
Military Service (Check One) Yes "No Branch /Years of Service" _____
Drivers License Number _____ State _____ Class _____
Marital Status _____ Maiden Name _____ Spouse Name _____

EDUCATION:

Last Grade of High School Attended (Type One) 10 11 12
Last Year of College Attended (Type One) ~~13~~ 4
High School Attended _____
College Attended _____
Degree Earned _____

LAW ENFORCEMENT AND MEDICAL RECORDS:

Do you object to a law enforcement agency review of this application by means of a records check? _____
Have you ever been convicted of a crime? _____
Have you ever been habituated or addicted to stimulants, depressants, narcotics, alcohol, or any other substances that may alter your judgment or behavior? _____
Do you have any disabilities, physical impairments, or health related problems which would limit your activity in the fire company? _____ If so, what? _____

AFFIDAVIT OF CONSENT: (Applicable if under the age of 18)

I, _____ being a parent or guardian of _____ do hereby make affidavit that he/she has my full consent and permission to make application to the Chenango Bridge Fire Company, Inc. for that purpose of becoming a member of said Company.
Date: _____ Signed: _____ Parent / Guardian

Broome County, State of New York

On this _____ day of _____ 20____, there appeared before me, _____, known to me and to me known to be the Parent or Guardian of _____, and who signed the above affidavit in my presence.
Signed: _____, Notary Public

CHARACTER REFERENCES:

(3 references are required and they should not be family members and they should be known at least two years)

Name: _____ Address: _____ Phone: _____ Time Known: _____

TRAINING:

Have you ever belonged to a Fire Company? _____ When? _____

Name of Fire Company _____ Chief _____

Address of Fire Company _____ Phone _____

Positions / Offices held _____

Have you ever completed *Basic Fire Fighter*? _____ Date _____

Please list any other Fire or EMS courses or training you have completed and the date of completion _____

Do you have any other fire or EMS experience you feel would be important? _____

OCCUPATION:

Employer _____

Business Address _____ Phone _____

Hours _____

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

NOTICE

(Penal Law, Section 210.45)

It is a crime punishable as a class A misdemeanor under the laws of the State of New York for a person, in and by a written instrument, to knowingly make a false statement, or to make a statement which such person does not believe to be true.

Signed _____ Date _____

(\$2.00 Non-Refundable Membership fee must accompany this form.)

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**Chenango Bridge Fire Company, Inc.
Consent and Release By Individual**

I, _____, residing at _____, _____,
New York, hereby request, authorize and direct that the Chenango Bridge Fire Company, Inc., its officers, members and/or designee conduct a review of any and all records regarding me as it pertains to a background investigation for membership in the Chenango Bridge Fire Company, Inc. to include, but not limited to, a criminal history and arson check to be conducted by a local law enforcement agency.

I acknowledge, understand and agree that the accuracy of any said information is not subject to the control of the Fire Co.

Further, I do hereby release, remise and discharge the said Fire Co. its officers, and/or members of and from any and all causes of action, suits, claims, liability, damages, and any I have or which my legal representation or future grantees of title shall or may have by reason of matter, action, failure to act or think whatsoever and particularly, but not limited to, the acts or omissions of the Fire Co. in regard to this consent and release.

Dated: _____

Signature: _____

Printed Name: _____

Maiden Name: _____

Date of Birth: _____