

Applicant's Name: _____

Please Print

Queensbury Central Volunteer Fire Company Membership Application



Queensbury Central Volunteer Fire Company
17 Lafayette Street
Queensbury, NY 12804

Should you have any questions with the application or the application process, please feel free to contact President Joel Holden at 518-791-1185.

Misrepresentations or omissions in this application may result in termination of the application process or membership/employment.

Queensbury Central Volunteer Fire Company does not discriminate against any applicant because of race, color, age, sex, religion, national origin or ancestry, marital status, sexual orientation, veteran's status, or disability.

Date of Application: ____/____/____

Queensbury Central Volunteer Fire Company - Application for Membership

Application for (check all that applies ___ Fire ___ EMS ___ Fire Police ___ Junior Program

Have you ever applied to this Company before? ___ Yes ___ No If Yes, when? ___/___/___

Have you ever been a member of this Company before? ___ Yes ___ No If Yes, when? ___/___/___

Personal Information

Last Name: _____ First Name: _____ MI: _____

Street: _____ City: _____

Home Phone: _____ - _____ - _____ Work Phone: _____ - _____ - _____

Cell Phone: _____ - _____ - _____

E-Mail Address: _____

Social Security #: _____ - _____ - _____ Date of Birth: ___/___/___

In 25 words or less, explain why you are interested in the fire service.

Sponsors: (Must be signed by two voting members):

A Junior Advisor will act as a sponsor for all Junior Firefighter applications.

Sponsor: _____ Date: ___/___/___

Sponsor: _____ Date: ___/___/___

Emergency Contact Information

Last Name: _____ First Name: _____

Relationship: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ - _____ - _____ Work Phone: _____ - _____ - _____

Cell Phone: _____ - _____ - _____

Queensbury Central Volunteer Fire Company - Application for Membership

Driver License Information

State: New York (Required) Driver License Client ID #: _____ - _____ - _____ Class: _____

Expiration: ____/____/____ Current Points: _____

Has your driver license ever been suspended or revoked? ____ Yes ____ No

If "YES" explain in detail:

Medical Background Information

While performing the duties of a firefighter or EMS provider, the member is frequently required to use hands to manipulate, handle, feel and operate objects, tools and controls; reach with hands and arms; climb, balance, stoop, kneel, crouch and crawl; and walk, sit, talk and hear. The member must regularly lift and/or move equipment and/or persons weighing up to 150 pounds. Specific vision abilities required by a member include close vision, color vision and the ability to adjust focus. The member must be able to work effectively at heights and under physically demanding, life-threatening and emotionally stressful conditions.

The member also is regularly required to use written and oral communication skills; read and interpret data, information and documents; analyze and solve problems; use math and mathematical reasoning; observe and interpret situations; learn and apply information and skills; and interact with other fire department personnel and the public.

Additionally, the member frequently works in outside weather conditions and is exposed to extremely hazardous conditions and materials. The member must be able to remain calm, make sound decisions and respond appropriately in emergency situations; maintain records and prepare clear and concise reports; and maintain physical endurance and agility.

With this in mind, do you have any physical, mental or emotional sickness, illness, disease, disorder, injury, problem or condition that would prevent you from fully and safely performing the duties of a firefighter, EMS provider or Fire Police? ____ Yes ____ No

If you answered "YES", then please provide complete details:

Queensbury Central Volunteer Fire Company - Application for Membership

Criminal Background Information

Have you ever been arrested for, charged with, or convicted of a criminal offense (other than a minor traffic violation)? Yes No

Have you ever been adjudicated delinquent or otherwise subject to a proceeding in a Juvenile Court or under a Youth Offender Law? Yes No

If you answered "YES" to either question, then please provide complete details:

Are you registered, or required to register, on any national or state sex offender registry or similar database of sex offenders? Yes No

If you answered "YES" to either question, then please provide complete details:

List Residence for the Last 7 Years

Current Street Address: _____

City: _____ State: _____ Zip Code: _____

Years in Residence: _____ Years

Previous Street Address: _____

City: _____ State: _____ Zip Code: _____

Years in Residence: _____ Years

If necessary, list additional address on the back of this page.

Queensbury Central Volunteer Fire Company - Application for Membership

Employment

Current Employer: _____

Occupation: _____

Contact Person: _____ Contact Phone: _____ - _____ - _____

Employer Address:

Street: _____

City: _____ State: _____ Zip Code: _____

Dates Employed: ____/____/____ - Current

Previous Employer: _____

Occupation: _____

Contact Person: _____ Contact Phone: _____ - _____ - _____

Employer Address:

Street: _____

City: _____ State: _____ Zip Code: _____

Dates Employed: ____/____/____ - ____/____/____

Previous Employer: _____

Occupation: _____

Contact Person: _____ Contact Phone: _____ - _____ - _____

Employer Address:

Street: _____

City: _____ State: _____ Zip Code: _____

Dates Employed: ____/____/____ - ____/____/____

Previous Employer: _____

Occupation: _____

Contact Person: _____ Contact Phone: _____ - _____ - _____

Employer Address:

Street: _____

City: _____ State: _____ Zip Code: _____

Dates Employed: ____/____/____ - ____/____/____

Queensbury Central Volunteer Fire Company - Application for Membership

References

List two references not already listed on application and who are not related to you.

Reference Name: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Contact Phone: _____-_____-_____

Years Known: _____ Years

Reference Name: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Contact Phone: _____-_____-_____

Years Known: _____ Years

Military Data

Have you ever been in the armed forces? ___ Yes ___ No

Branch: _____

Dates of Service: ____/____/____ - ____/____/____

Type of Discharge: _____ Rank at Discharge: _____

Present membership in Armed Services (e.g. National Guard, Reserves): _____

Education

	School Name	Graduation Date	Subject
High School		/ /	
College		/ /	
Trade School		/ /	

Queensbury Central Volunteer Fire Company - Application for Membership

Fire and EMS Experience

Company/Department: _____

Affiliation/Position: _____

Contact Name: _____ Contact Phone: _____ - _____ - _____

Dates of Service: ____/____/____ - ____/____/____

Reason for leaving: _____

Company/Department: _____

Affiliation/Position: _____

Contact Name: _____ Contact Phone: _____ - _____ - _____

Dates of Service: ____/____/____ - ____/____/____

Reason for leaving: _____

If necessary, list additional address on the back of this page.

List current Fire/EMS related certifications (e.g. CPR, EMT, Fire Training etc.)

Certification	State/Governing Agency	Expiration Date
		/ /
		/ /
		/ /
		/ /
		/ /
		/ /

If necessary, list additional affiliations on the back of this page.

NOTE: Please submit a photocopy of all current certifications with the application.

List Fire/EMS vehicles you have driven (e.g. ambulance, engine, etc.)

Vehicle	Company	Years Driven

If necessary, list additional vehicles on the back of this page.

Queensbury Central Volunteer Fire Company - Application for Membership

Members of the public place a great deal of trust in firefighters and first responders and in order to accept a person as a member of the Company the Company must exercise due diligence in reviewing the application, examining the prospect in an interview, evaluating their medical condition, testing for substance abuse, criminal history, arson check, etc. Drug testing will be random, unscheduled and can be administered without cause at any time during your membership.

By signing below, I certify that the information provided on this application is accurate and complete. I understand and agree that misrepresentations or omissions in this application may result in termination of the application process or membership/employment.

Name: _____ Date: ____/____/____
Applicant's Signature

If Applying for Junior Firefighter, please also complete section below:

For an application to be complete you will need to turn in the following:

- Completed Application
- Certified copy of your complete driving record, which can be obtained at a New York State Department of Motor Vehicles Office
- Photocopies of current certification relevant to Fire Service or EMS

After you turn in your completed application, you will be instructed to appear at a Company meeting. The Company will make a motion to move your application to the next Board of Directors meeting. You will need to appear for an interview at that meeting. Next, your application will be moved back to the next Company meeting for a vote of the membership. You will not need to attend that meeting. A Board Member or Sponsor will contact you with the results.

Queensbury Central Volunteer Fire Company - Application for Membership

THIS SECTION BELOW IS TO BE COMPLETED FOR THE JUNIOR FIREFIGHTER PROGRAM ONLY

After turning in this completed application, you will then be instructed to appear at a Junior Advisory meeting. The Junior Advisory meeting will consist of a Fire Company Junior Advisor, the applicant, and the Parent or Legal Guardian of the applicant. During this meeting, a review of the Junior Program Standard Operating Procedures and expectations will be conducted. Both the applicant, and the Parent or Legal Guardian of the applicant will acknowledge by signing said form. The Parent or Legal Guardian will also sign the applicant's permission slip. Next, you will need to appear for an interview before the Board of Directors. Your application will then be moved to the next Regular Company meeting, for a vote of the membership. You will not need to attend that meeting. A Board Member or Sponsor will contact you with the results.

Please bring the following to the Junior Advisory meeting:

- Most recent report card
- This Application

Name: _____ Date: ____/____/____
Applicant's Signature

Parent or Legal Guardian (For Applicants under the Age of 18) Date: ____/____/____

**** Junior Firefighters are NOT eligible for the Service Awards Program. Please skip the last page of this application.**

For Administrative Use Only

Date Application was received: Date: ____/____/____

Date of Junior Advisor Meeting: Date: ____/____/____

Introduced at Regular Business Meeting: Date: ____/____/____

Appeared Before the Board of Directors: Date: ____/____/____

Recommendation of the Board of Directors: ____ Favorable ____ Unfavorable

Vote on Proposed Member: Date: ____/____/____ _____ Yes _____ No

Queensbury Central Volunteer Fire Company - Application for Membership

TOWN OF QUEENSBURY
SERVICE AWARD
PROGRAM

BENEFICIARY DESIGNATION FORM

By completing this form, you designate who is to receive any death benefit that may be payable under the provisions of the above named service award program. Completing this form does not guarantee that a benefit will be paid upon your death. It is important that you provide all the requested information in the event that we have to attempt to locate your beneficiary. If all of your beneficiaries listed below are deceased at the time of your death, the death benefit will be paid to your estate. Please consult with an attorney before naming a minor child or your estate as a beneficiary; typically death benefits can not be paid directly to a minor. To name more than 3 primary or contingent beneficiaries, please complete two forms and indicate "Page 1 of 2" on the first form and "Page 2 of 2" on the second form.

PLEASE PRINT CLEARLY USING BLUE OR BLACK INK

PARTICIPANT DATA - PLEASE FILL OUT COMPLETELY

Volunteer First Name, MI, Last Name Social Security Number Date of Birth

Volunteer Mailing Address City State Zip Fire Company

PRIMARY BENEFICIARIES

Please list the person or persons you wish to receive the death benefit. If you list more than one person, each person listed will equally share the death benefit, provided they are alive as of your date of death. If one or more of your primary beneficiaries are deceased, the remaining primary beneficiaries will equally split the death benefit. If all of your primary beneficiaries are deceased, the benefit will then be paid to those you list under "CONTINGENT BENEFICIARIES".

Table with 7 columns: First, MI, Last Name, Relation, Date of Birth, Soc. Sec. No., Mailing Address, City, State, Zip. Rows 1, 2, 3.

If all of your primary beneficiaries are deceased, the benefit will then be paid to those you list here. If one or more of your contingent beneficiaries are deceased, the remaining contingent beneficiaries will equally split the death benefit.

Table with 7 columns: First, MI, Last Name, Relation, Date of Birth, Soc. Sec. No., Mailing Address, City, State, Zip. Rows 1, 2, 3.

SIGNATURE AND WITNESS

I hereby designate those named above as my beneficiaries and declare that this designation supersedes all previous beneficiary designations.

Volunteer Signature Date Witness Signature Date
Witness must be a Notary, or an Official of the Town or Fire Department