

Application for Membership
Wright Fire District - Gallupville Fire Department
109-111 School Street, Schoharie, NY 12157
518-872-1594 fax – 518-872-1869

Name: _____

Physical Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Last 4 of Social Security #: XXX-XX-_____

Best Contact Number: _____

Driver's License Number _____ Class _____

Position Requested (check all that apply):

_____ Exterior Firefighter

_____ Interior Firefighter

_____ EMS (First Response)

_____ Fire Police

_____ Driver/Pump Operator

_____ Auxiliary/Rehab Team

_____ Associate Member

Relevant Previous Experience:

Previous Department:

Yrs at previous department: _____ Rank at previous dept: _____

Offices held: _____

Chief/President Contact information at previous dept: _____

Reason for Leaving: _____

Have you ever been convicted of a crime? If yes, please indicate nature of conviction and date.

Please provide three (3) personal (non-family) references:

Name: _____, Phone # _____

Name: _____, Phone# _____

Name: _____, Phone# _____

In signing this application, you acknowledge:

- A. The Gallupville Volunteer Fire Department is not a social club. This organization is built around the ideals of mutual support of your fellow members and serving a critical role in the community under sometimes dire circumstances.*
- B. All applicants will be subject to an arson and sex offender background check conducted by the appropriate authorities as required by law.*
- C. Any applicant found providing false information or with an arson conviction will immediately be removed from consideration*
- D. Applicants with a sex crime conviction will be evaluated as to any limitations on service including possible removal from consideration.*
- E. I have read, understand, and agree to the by-laws of the Wright Fire District.*

Applicant Signature: _____ **Date:** _____

This section for applicants under the age of 18

I, the legal parent or guardian of the applicant, do hereby agree to take the legal obligation and responsibility of the minor. In signing this application, you agree to let him/her participate in the Gallupville Volunteer Fire Department and its other Non-Emergency functions.

Parent/Guardian

Signature: _____ Date: _____

Internal Use Only

Applicant Name: _____

Reference Checks Completed by: _____

Dates: _____

Conclusions: _____

Background check completed and attached? YES NO

Background checks come back clear? YES NO

Notes: _____

Department Approval

Department Action Taken: Approved Denied Date: _____

Reason Denied: _____

Chief's Signature: _____ Date: _____

Board Approval

Commissioner Action: Approved Denied

Notes:

Board Chairperson Signature: _____ Date: _____