



EMERGENCY DIAL 911



Vails Gate Fire Department, Inc

Main Firehouse
872 Blooming Grove Turnpike
Vails Gate, NY 12584

Mailing Address
PO Box 101
Vails Gate, NY 12584

Company Office: (845) 561-9729
District Office: (845) 561-5511
www.vailsgatefd.com

Application for Membership

All requested information must be furnished. The information you give will be investigated and used to determine your qualifications for membership. It is important that you answer all questions on this application fully and accurately. Failure to do so may delay or deny your membership.

Date:

Type of Membership Applying for:

Active Firefighter

Junior Firefighter

Personal Information

Name:

Social Security Number:

Date of Birth:

Age:

Gender:

Address:

City:

State:

Zip Code:

Home Phone:

Work Phone:

Cell Phone:

Height:

Weight:

Eye Color:

Hair Color:

Blood Type:

Allergies:

Drives License ID#:

State of Issue:

Expiration Date:

Vails Gate Fire District Rules and Regulations require that the driver's licenses of all active and junior members of the fire department be checked through the New York State Department of Motor Vehicles Lens Program for convictions and validity.

Are you a citizen of the United States of America:

Yes

No

If you answer no, according to the by-laws of the Vails Gate Fire Department we cannot accept this application.

Do you have any physical handicap, chronic disease or any other disability which would prevent you from performing your duties as a fire fighter?

Yes

No

If yes, please explain:

As an applicant, all active and junior members MUST take and pass a complete physical examination as required by the Vails Gate Fire District.

Employment Information

Occupation:

Employer:

Address:

City:

State:

Zip Code:

Employer's Phone Number:

Supervisors Name:

May we contact your employer for a reference:

Yes

No

Education

Name of High School Attended:

Year Graduated:

If you did not graduate, what is the highest grade completed:

Name of College Attended:

Year Graduated:

College Degree(s):

Do you plan to enroll into the tuition assistance Program?

Yes

No

Do you possess any specialized skills?

List any other organizations you belong to:

Firefighting History

Have you ever been a member of another fire department:

Yes

No

Department Name:

City:

State:

Zip Code:

Dates of Active Membership:

Have you had any previous firefighting training or do you possess any NYS Certificates (please attach copies):

Criminal History

New York State Executive Law section 837-0 requires Fire Departments to search for arson conviction records of all proposed new applicants.

Have you ever been convicted of a crime (this includes traffic infractions)?

Yes

No

If yes, please explain:

Emergency Contact

Name: _____ Relationship: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____

References

List three (3) persons who are not related to you who may be contacted and have knowledge of you and your qualifications for membership.

Name: _____	Phone: _____
Address: _____	
City: _____	State: _____ Zip Code: _____
Name: _____	Phone: _____
Address: _____	
City: _____	State: _____ Zip Code: _____
Name: _____	Phone: _____
Address: _____	
City: _____	State: _____ Zip Code: _____

Application Certification

I _____, here by make this application for membership in the Vails Gate Fire Department, Inc.

I have been a resident of Vails Gate Fire District or an adjoining fire district for six (6) months prior to this application.

I understand the responsibility of this organization to the members and the community that if accepted, I shall abide by the By-Laws and rules and regulations of said organization and support name.

Any false or dishonest answers to any question may be grounds for rating me ineligible or for expelling me after being elected into membership.

Signature of applicant: _____ Date: _____

The following is to be completed if applying for Junior Firefighting Membership and shall be signed in witness of the Vails Gate Fire Department Board of Review.

I, _____, being the parent / guardian of _____, do hereby give my consent for his / her membership in the Vails Gate Fire Department, Inc.

Signature: _____ Date: _____

Printed Name: _____

Board of Review Interview

This section is to be filled out by the Vails Gate Fire Department Board of Review.

Applicant:

Date of Interview:

Interviewer:

Evaluation	Excellent	Good	Fair	Poor	Comments
Appearance					
Attitude					
Confidence					
Enthusiasm					
Education					
Experience					
Required Skills					
Other Skills					
Other Matters					
Overall					

Interviewer Recommendation:

Board of Review Certification

This section is to be filled out by the Vails Gate Fire Department Board of Review.

Date of Board of Review Meeting:

Officer	Name	Signature	Vote	Date
President			Approve / Disapprove	
Vice President			Approve / Disapprove	
Trustee			Approve / Disapprove	
Chief or Designee			Approve / Disapprove	
Chairman of Board of Review			Approve / Disapprove	
Other			Approve / Disapprove	

Vote Count: Approve Disapprove

Arson Background Check: Approve Disapprove

Physical Background Check: Approve Disapprove

Member Application Approved by Board of Review: Yes No

Date Elected into Company: