



# Carman Volunteer Fire Department

## Application for Membership

Check One Box Only

Send Completed Application to: **CFD Recording Secretary**  
**2435 Hamburg Street**  
**Schenectady, NY 12303**

ACTIVE

SOCIAL

**Social Membership must submit \$50.00 fee with Application**

Complete front side of Application ONLY. Type or Print all information in ink. Sign in ink where required.

### Candidate Information

A Copy of YOUR Photo ID Is Required When Submitting This Application.

#### Personal Information

<u>Last Name</u>	<u>First Name</u>	<u>M.I.</u>	<u>Date of Birth (MM-DD-YY)</u>	<u>Age</u>
_____	_____	_____	____/____/____	_____
<u>Home Address</u>	<u>Home Phone</u>		<u>Social Security Number</u>	
_____	_____		____-____-____	
<u>Email Address:</u> _____				

#### Occupational Information

<u>Business Address</u>	<u>Business Phone</u>	<u>Extension</u>
_____	_____	_____
_____		
<u>Occupation</u>	<u>Working Hours</u>	
_____	_____ To _____	

#### List Two (2) Character References

<u>Name</u>	<u>Name</u>
_____	_____
<u>Address</u>	<u>Address</u>
_____	_____
_____	_____
<u>Phone</u>	<u>Phone</u>
_____	_____
<u>Extension</u>	<u>Extension</u>
_____	_____

#### Emergency Service History

Have you been, or are you now a member of any Civil Defense, Sheriff's Department, Auxiliary Police or similar organization? If YES, list the Organization name(s) with dates of service below. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been a Firefighter before? If YES, list the organization name(s) with dates of service below. <input type="checkbox"/> Yes <input type="checkbox"/> No		
<u>Organization</u>	<u>Dates of Service</u>	<u>Department</u>	<u>Dates of Service</u>
_____	_____	_____	_____
_____	_____	_____	_____

Are you a New York State licensed driver? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any willful false statement on this statement on this application will void The application. Such a statement may be cause for termination of membership.
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**I, the undersigned, being in accord with the aims and objectives of the Carman Volunteer Fire Department, do hereby make application for membership. If elected, I promise to abide by its By-Laws.**

<u>Signature of Applicant</u>	<u>Date (MM-DD-YY)</u>	<u>Signature of Parent or Guardian (If Applicant is under 21)</u>	<u>Date (MM-DD-YY)</u>
_____	____/____/____	_____	____/____/____



# Action on Application for CFD Membership

( This side of Sheet for Official use only. )

<u>Last Name</u>	<u>First Name</u>	<u>M. I.</u>
_____	_____	_____

<b><u>Application Read at a Regular Meeting</u></b>		<b><u>Social Member – First Year Dues Received</u></b>	
<u>Signature of Recording Secretary</u>	<u>Date of Reading</u>	<u>Signature of Financial Secretary</u>	<u>Date of Receipt</u>
_____	___/___/___	_____	___/___/___

<b><u>Arson Investigation Result</u></b>			
<u>Signature – Chief</u>	<u>Date Signed</u>	<input type="checkbox"/>	<b>OK</b>
_____	___/___/___	<input type="checkbox"/>	<b>Rejected</b>

<b><u>Investigating Committee Result</u></b>			
<u>Signature for the Investigating Committee</u>	<u>Date Signed</u>	<input type="checkbox"/>	<b>Favorable</b>
_____	___/___/___	<input type="checkbox"/>	<b>Unfavorable</b>

<b><u>Fire Department Election</u></b>			
<u>Signature – Recording Secretary</u>	<u>Date Signed</u>	<input type="checkbox"/>	<b>Accepted</b>
_____	___/___/___	<input type="checkbox"/>	<b>Rejected</b>
			<u>Election Date</u>
			___/___/___

<b><u>New Member Notification</u></b>		<b><u>Active Member Candidate Physical Exam</u></b>	
<u>Signature of Person Notifying</u>	<u>Date Letter Sent</u>	<u>Signature of Official Ordering Exam</u>	<u>Date Ordered</u>
_____	___/___/___	_____	___/___/___

<b><u>Active Member Candidate Physical Exam</u></b>			
<u>Signature of Official Receiving Exam Result</u>	<u>Date Signed</u>	<input type="checkbox"/>	<b>Passed</b>
_____	___/___/___	<input type="checkbox"/>	<b>Failed</b>

<b><u>Board of Fire Commissioners</u></b>			
<u>Signature – Recording Secretary</u>	<u>Date Signed</u>	<input type="checkbox"/>	<b>Accepted</b>
_____	___/___/___	<input type="checkbox"/>	<b>Accepted *</b>
			<u>Meeting Date</u>
			___/___/___
			<u>Membership Date</u>
		<input type="checkbox"/>	<b>Rejected</b>
			___/___/___

\* Conditional on Passing Physical Exam