

Rhinecliff Vol. Fire Company  
P.O. Box 6, Rhinecliff, NY 12574

Application for volunteer Firefighter/Rescue Squad

I hereby apply for membership in the Rhinecliff Vol. Fire Company and if accepted  
I will comply with all the Rules, Regulations, Bylaws of  
the Rhinecliff Fire Vol. Company.

*Qualified applicants are considered without regard to race, creed, color, sex,  
national origin, age, marital status, sexual orientation*

( Please print)

Date of application \_\_\_\_\_

Name: \_\_\_\_\_ Phone# \_\_\_\_\_

Address: \_\_\_\_\_ zip code: \_\_\_\_\_

How long at this address? Years \_\_\_\_\_ Months \_\_\_\_\_

Are you a citizen of the United States? \_\_\_\_\_

Have you previously applied to this Company? \_\_\_\_\_

Do you have any friends or relatives who are current members? \_\_\_\_\_

If yes, list names: \_\_\_\_\_

***Firefighter/EMS experience:***

Do you have any Firefighter or EMS experience? \_\_\_\_\_

If yes explain: \_\_\_\_\_

Name(s) of other Fire, EMS dept. that you have been a member of \_\_\_\_\_

Are you presently a member of another Fire Dept? \_\_\_\_\_

If yes which Fire Dept? \_\_\_\_\_

***Availability for membership:***

Are you able to attend alarms, education, meetings and drills? \_\_\_\_\_

If No please explain \_\_\_\_\_

Are you presently a member of any other organization? \_\_\_\_\_

Have you ever been convicted of a misdemeanor or felony? \_\_\_\_\_

Have you ever been convicted of arson? \_\_\_\_\_

Have ever been convicted as a sex offender? \_\_\_\_\_

Are you a veteran of the US military? \_\_\_\_\_

If yes, were you honorably discharged? \_\_\_\_\_

Do you have any physical, mental, or medical impairment or disability that would limit your fire dept. job performance? Yes ( ) No ( )

If necessary please explain \_\_\_\_\_

OSHA regulations require that you complete and pass a physical exam for specific job functions. The Fire Dept. designated medical office will provide the FREE medical exam. Will you be willing to undergo the medical exam? Yes ( ) No ( )

**References:**

Please give the name and phone number for (3) references, not related to you, that have known you for at least 3 years.

Name \_\_\_\_\_ Phone# \_\_\_\_\_

Name \_\_\_\_\_ Phone# \_\_\_\_\_

Name \_\_\_\_\_ Phone# \_\_\_\_\_

List all places of employment for the last 3 years(most current first). May we contact your employer for a reference? Yes ( ) No ( )

Name \_\_\_\_\_ Phone# \_\_\_\_\_

Name \_\_\_\_\_ Phone# \_\_\_\_\_

Name \_\_\_\_\_ Phone# \_\_\_\_\_

**Education:** Years completed \_\_\_\_\_ Diploma/degree \_\_\_\_\_

Specialized training/skills \_\_\_\_\_

Driver License info: please submit a copy of your driver license)

Expiration Date \_\_\_\_\_ Driver License Number \_\_\_\_\_

Please enclose annual \$5.00 dues refundable if not accepted to membership.

Within the freedom of information law, all information contained/or obtained herein will remain confidential and will be used for internal membership processing.

***Consent for disclosure:***

I \_\_\_\_\_ give the investigating committee of the Rhinecliff Volunteer Fire Company my consent to make inquires of my references, police agencies, my employers, and neighbors while conducting an investigation of my character, responsibility, and past police record.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

Comments of investigating committee: \_\_\_\_\_

Signature of investigating member \_\_\_\_\_ Date \_\_\_\_\_

Investigating committee recommendation Yes ( ) No ( )