New Woodstock Volunteer Fire Department

Membership Application
and Benefits of Membership

www.NewWoodstockFD.com

NEW WOODSTOCK FIRE DISTRICT
2632 MILL ST. PO BOX 178
NEW WOODSTOCK, NY 13122

Celebrating over 100 years of service since organizing in 1913

Benefits & Requirements of Membership

Benefits available at no cost to all active members of the New Woodstock Volunteer Fire Department

1. All costs for required and optional Fire and/or EMS classes are covered by the department.
2. Meet new people and their families within the department and surrounding departments.
3. Annual banquet and installation of officers.
4. Annual Christmas party.
5. Annual Summer picnic
6. Annual physicals (hosted by the fire district) or an allowance if completed through your doctor.
7. The latest technology in personal pagers and automatic mobile phone text messaging and alerts.
8. Access to some of the latest technology and fire apparatus available for firefighting today.
9. Life insurance policy through the fire districts FASNY membership.
10. Ability to participate in various golf and bowling tournaments.
11. NYS Disability & Workers Compensation coverage through the fire district.
12. $200 per person/year NYS income tax credit or refund – NYS Form IT-245
13. The feeling and pride that comes from helping your community, as well as neighboring communities.

To attain membership, current Madison County guidelines and NYS law require:

Mandatory minimum requirement:

Fire Personnel – Must complete BEFO within a two (2) year period and be in attendance at drills and meetings.

Rescue Personnel – Must hold a current CPR card and have a minimum qualification of Certified First Responder.

Training options to be a NWFD Firefighting member (not all are required):

1. For exterior firefighters; BEFO
2. For interior firefighters; BEFO, IFO
3. For apparatus operator; Pump Ops, In-house training/sign-off

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Application for Membership

Name: _____ Age: _____

Home Address: _____ Home Phone: _____

_____ Mobile Phone: _____

Employer: _____ Employer Phone: _____

Address: _____ Occupation: _____

_____

How long have you lived in the New Woodstock Fire District? _____ (Months/Years)

*Note that our approved ***Medical Clearance Statement*** must be filled out and signed by a medical professional after a physical has been completed. This physical is to determine the level of participation allowed for members during fire & rescue calls, as well as schooling, and must be completed within 30 days of approved membership. If NWFD's regularly retained health appraisal service provider is not available, the cost of this first basic physical will be reimbursed (with written receipt) up to $120.00 if member obtains their physical from their own doctor or health professional. However, the NWFD form (attached) must be utilized and be properly signed and dated.

Have you ever been a member of any other fire department? Yes ☐ No ☐

If yes, name & location of former department: _____

Are you applying to the Fire Department ☐ Rescue Squad ☐ Both ☐

What is your current level of training:

Fire Department:		Rescue Squad:	
BEFO / Firefighter 1	☐	CPR	_____ (Exp Date)
IFO / Firefighter 2	☐	CFR	_____ (Exp Date)
Pump Operator	☐	EMT	_____ (Exp Date)
Fire Police	☐	Paramedic	_____ (Exp Date)
Other _____	☐	Other _____	☐
None of the above	☐	None of the above	☐

Have you been advised regarding attending State Fire Schools and/or EMS classes? Yes ☐ No ☐

Have you read the by-laws of the New Woodstock Fire Department? Yes ☐ No ☐

Do you agree to abide by the by-laws, rules, and regulations of the NWFD? Yes ☐ No ☐

I understand that while on probation for one (1) year, I will meet all of the requirements and qualifications in accordance with the by-laws, and that I will be subject to an arson background check performed by the Madison County Sheriffs Office pursuant to NYS law.

_____ _____

Signature Date

We have interviewed the above applicant and have explained the above questions to him/her and he/she has agreed and signed this application.

_____
Current NWFD Members

_____
Current NWFD Members

New Woodstock Fire Department Use Only

Application Approved Date: _____ Disapproved _____

Voted in Full Member Status Date: _____ Disapproved _____

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Medical Clearance Statement

Name _____ DOB _____ Phone _____

The above individual was found medically cleared to perform the following:

☐ Class 1 Firefighter – Interior Firefighter
- Medically cleared to wear SCBA
- Physical must include PFT Test

☐ Class 2 Firefighter – Exterior Firefighter
- Medically cleared to wear SCBA for egress from toxic atmosphere
- Physical must include PFT Test

☐ Class 3 Firefighter – Exterior Firefighter
- NO SCBA USE PERMITTED

☐ EMS Response
- NO SCBA USE PERMITTED

☐ Only participate at meetings, fund raising events, and perform clerical duties
- NO SCBA USE PERMITTED

☐ Other

_____

_____

THIS MEDICAL EVALUATION IS GOOD FOR ONE YEAR FROM THE PHYSICAL COMPLETION DATE NOTED BELOW.

Medical Examiner _____ Phone _____

Signature _____ Date _____