



Wappingers Falls Fire Department  
W.T. Garner Engine Company #1  
Application for Membership  
25 W. Academy St. Wappingers Falls, NY 12590  
(845) 297-9022

(Check appropriate box)

New Application

Active

Active/Life

Life

Transfer

Associate/Social

**Personal Info:**

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Resident Address: \_\_\_\_\_  
\_\_\_\_\_

Mailing Address: (if different from Above) \_\_\_\_\_  
\_\_\_\_\_

Phone #: ( \_\_\_ ) \_\_\_ - \_\_\_ Cell Phone#: ( \_\_\_ ) \_\_\_ - \_\_\_ E-Mail: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_ / \_\_\_ / \_\_\_

**Employment Info:**

Employed  Student

Occupation: \_\_\_\_\_

Employer/School \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone #: ( \_\_\_ ) \_\_\_ - \_\_\_ Length Employed/In School \_\_\_\_\_ Work/School Hours \_\_\_\_\_

**References:** (List three persons, not related to you, who will be willing to provide a character reference)

Name	Address	Phone #
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

List All Previous Addresses for the past five years:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you possess a valid NYS Operator's License?  Yes  No

Class: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

License or NYS ID #: \_\_\_\_\_

Have you been convicted of any traffic violations within the past five years? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, Identify Violations: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been a member of any fire company? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please list all affiliations and addresses: \_\_\_\_\_  
\_\_\_\_\_

List all positions of office held: \_\_\_\_\_

Who or what prompted you to apply for membership in the W.T. Garner Engine Company? \_\_\_\_\_

Why do you want to join this company? \_\_\_\_\_

Do you understand what is expected of a volunteer firefighter and a member of W.T. Garner Engine Company? \_\_\_\_\_

Does your spouse/parent/guardian also understand the obligations and does he/she approve of your Membership? \_\_\_\_\_  
\_\_\_\_\_

Are you in good general health: \_\_\_\_\_

When aware of an alarm will you respond, regardless of the time of day or night, day of year, or weather Conditions? \_\_\_\_\_

Will you serve on company committees? \_\_\_\_\_

Will you respond to a call outside of W.T. Garner Engine Company (Mutual Aid)? \_\_\_\_\_

Will you be willing to serve as an officer in the W.T. Garner Engine Company after completion of probationary requirements? \_\_\_\_\_

Is there anything you would like to state at this time, regarding your character or background, that you feel the Membership Board should be aware of to assist it in its review of your application? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# ACTIVE MEMBERSHIP

## Rules and Requirements

Section 1 (a) Each applicant for membership must be a citizen of the United States before signing the application prescribed by the Company stating his/her age, occupation, and residence and must be recommended by an active member who is in good standing. The application must be read at a regular meeting and a note thereof on the record. Should the application be accepted, the President shall refer it to the Committee of Inquiry to investigate the health and character of the candidate, who at the next meeting shall report if possible.

(b) Any applicant must be 18 years of age and pay \$5 application fee at the time of his/her application to the company. Any member who had been an active member of Explores Post #1, at least one year prior to his/her application as an active member of William T. Garner Engine Co. No. 1, shall have his/her initiation fee waived. If an application is presented without \$5 fee, it shall not be acted upon.

(c) If the candidate has been investigated and known to be favorable and dues for the remaining months and the \$5 initiation fee has been deposited with the Financial Secretary, the candidate must be voted on by members at regular meetings. He/she may be declared rejected only after valid reasons are given pursuant to the by-laws of the fire company. If rejected he/she shall not reapply for membership within three months and his/her initiation fee will be returned to him/her by the member who recommended him/her. No consideration of an unfavorable ballot can be had unless a member admits that such action was caused by his/her mistake and in such case, the President shall declare the ballot void and order another ballot.

(d) Any probationary member who has been voted into this company in good faith, will undertake to uphold all the statements on his application such as attending 50% of meetings, fires, drills, attendance at fire schools and will complete essentials of firemanship or equivalent within the first 12 months and also be available for appointment to committees. The new member shall be placed on twelve month probationary period and if for any reason they are found to be unfit by the Captain and/or President to be a Member of this company they will be automatically dismissed. A probationary member shall have a voice in civil and/or firematic matters.





DISPOSITION OF APPLICATION

Received by the Membership Committee: Date: \_\_\_\_\_ Received by: \_\_\_\_\_

Reviewed by the Membership Committee: Date: \_\_\_\_\_ Committee Members Present  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Membership Committee Report: Approved: \_\_\_\_\_ Rejected: \_\_\_\_\_

Membership Committee Signatures:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Company Vote: Accept: \_\_\_\_\_ Reject: \_\_\_\_\_ Abstain: \_\_\_\_\_ Date: \_\_\_\_\_

Village Action: Confirm: \_\_\_\_\_ Reject: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Recording Secretary)



# Wappingers Falls Fire Department

2582 South Ave. Wappingers Falls, NY 12590 (845)297-8773

**APPLICATION FOR MEMBERSHIP WITH A FIRE DEPARTMENT**  
**BACKGROUND CHECK AUTHORIZATION**

**PERSONAL INFORMATION**

(Please clearly print all information)

NAME: \_\_\_\_\_  
(Last) (First) (Middle Initial)

MAIDEN NAME OR OTHER NAMES KNOWN BY: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_  
(City) (State) (County)

CURRENT ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PREVIOUS ADDRESS: (If present address is less than five years)

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

DRIVER'S LICENSE: \_\_\_\_\_  
(State) (Number) (Expiration Date)

**AUTHORIZATION:**

I hereby authorize the Dutchess County Sheriff's Office, Detective Division to conduct an Arson background Check regarding my application for a position of Volunteer with the above named Fire Department. Such arson check will be conducted as outlined in the Rules and Regulations of the Dutchess County Sheriff's Office for background checks for positions of volunteer with fire departments in Dutchess County.

\_\_\_\_\_  
(Applicant's signature) (Clearly Print Name) (Date)

**WITNESSED BY:** (Witness must be an officer of the Fire Department)

\_\_\_\_\_  
(Fire Department Officer's Signature) (Clearly Print Name and Title) (D)