



SCHODACK VALLEY VOLUNTEER FIRE COMPANY, INC.
1553 SCHODACK VALLEY ROAD, CASTLETON, NY 12033
PH:518-477-4215



APPLICATION FOR ACTIVE MEMBERSHIP

IMPORTANT APPLICANT INFORMATION

The purpose of the Schodack Valley Fire District Organization is to protect the life and property of the residents within the Fire District from fire and any other emergency as directed by the Fire District Officers.

- As a member you are expected to respond to fires, attend drills and meetings to the best of your ability.
- You will also be expected to participate in occasional work details, company functions and parades.
- Your first twelve months of membership are probationary during which you will be expected to attend and complete the NYS Firefighting courses when they are offered. Until you have registered/completed this course, you will not perform any interior firefighting duties.
- If the applicant is under 18 years old, parental permission is required.
- Business meetings are scheduled for 7:00pm on the first Tuesday of every month (except for December).
- Drills are scheduled on all other Tuesdays at 7:00pm
- Membership Application expires 90 calendar days from submittal date

Please Print Name in Full: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: _____ Work Telephone: _____

Cell Number: _____

Date of Birth (MM/DD/YY): _____

Driver's License Number: _____ State: _____ Class: _____

Employer: _____ Occupation: _____

Employer's Address: _____

Are you willing to take a Medical Exam? Yes _____ No _____

Do you have any previous Firefighting experience? Yes _____ No _____

If yes, please list courses and trainings: _____

Do you have any previous EMS training? Yes _____ No _____

If yes, please list courses, trainings and certifications: _____

Do you belong to any other organizations? Yes _____ No _____

If yes, please list organizations: _____

Annual-membership dues are \$5 - Payment is expected upon submittal of application, dues are returned if not accepted for membership.



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Please list three character references:

Name: _____ **Daytime Telephone:** _____

Address: _____

Name: _____ **Daytime Telephone:** _____

Address: _____

Name: _____ **Daytime Telephone:** _____

Address: _____

My signature below indicates responses to the above questions are true to the best of my knowledge

Signature of Applicant: _____ **Date:** _____

Active members who personally recommend your membership in the Schodack Valley Fire Company

Print Name: _____ **Signature:** _____

Print Name: _____ **Signature:** _____

MEMBER INTERVIEW AND REFERENCE INVESTIGATION REPORT

Interview Date: Yes _____ No _____ **Name of Applicant:** _____

Resides in District? Yes _____ No _____

Felony Convictions? Yes _____ No _____ **If yes, explanation:** _____

References checked? Yes _____ No _____ **Comments:** _____

Interviewer's Name: _____ **Interviewer's Name:** _____

Interviewer's Name: _____ **Interviewer's Name:** _____

Application presented (MM/DD/YYYY): _____

Application accepted by Commissioner: _____

Application accepted by Members: _____

Probation Start Date: _____ **Probation End Date:** _____

Committee Review Date: _____ **Acceptance date:** _____

Reason for Rejection: _____

Chief's Comments: _____