

Application for Membership

Eligibility and Job Description

Membership in this company shall be attained only by persons at least eighteen years of age who are citizens of the United States and are of good moral character and of sound mind and body. Applicants shall have been a resident of the Fire Protection Area served by the W.B. Strong Fire Company at least 6 months. The six month period shall be waived if the applicant is transferring from another fire company and has certification of competency and good standing from that company.

Company members participating in fire ground or heavy rescue activities are expected to enroll in the NYS Basic Firefighter Course within 18 months of acceptance and complete the course within 3 years. In the event the course is not offered within 18 months, the time frame for completing the course will be adjusted accordingly. All members participating in fire ground or heavy rescue activities are expected to make all fire and heavy rescue calls, fire and heavy rescue trainings, and company meetings to the best of their ability.

Company members participating in the rescue squad are expected to enroll in one of the following courses within 18 months of acceptance to the rescue squad: Certified Emergency Medical Technician, or Certified First Responder, or First Aid and CPR. Squad members must successfully complete the course within 3 years of acceptance. In the event the course is not offered within the 18 months, then the time frame for completing the course successfully will be adjusted. Rescue Squad members are expected to make all rescue calls, rescue squad trainings, rescue squad meetings, and company meetings to the best of their ability.

Members are expected to be physically fit and be able to perform the rigorous duties of an emergency responder. OSHA regulations mandate a physical examination by our physician or one of your choosing. Certain duties such as interior firefighting are contingent upon a physician's approval. All new members are subject to a six month probationary period. After the six month probation the Company shall vote on permanent membership, dismissal or recommend an extended probation.

W.B Strong Fire Company, Inc.
Freeville Fire Department
P.O. Box 129
Freeville, NY 13068

Please print or type:

Application Date: _____

APPLICANT'S NAME: _____
(First) (Middle) (Last)

Home Address: _____

Telephone: (____) _____ (____) _____
(Home) (Work)

How long have you resided at this address? _____

Are you 18 years of age or older? Yes ___ No ___ If NO, state your age _____

Are you currently employed? Yes ___ No ___

If yes please provide organization information below. May we contact your organization as a reference?

Yes ___ No ___

Name of Company _____

Address _____

Do you have a valid New York State Drivers License? Yes ___ No ___

List any previous emergency services experience (include only fire, rescue, police, and emergency medical service agencies).

Name of Agency _____

Address _____

Contact Person _____ Telephone _____

(If more space is needed please list on attached sheet)

Have you ever been convicted or plead guilty to a felony, misdemeanor, insurance fraud, arson, or a reduction of one of these offenses? Yes ___ No ___ If "yes" give details on attached sheet.

Please list three personal references, other than members of this organization, who have known you for at least three years.

Name: _____ Tel: # _____

Name: _____ Tel: # _____

Name: _____ Tel: # _____

Transfer? Yes _____ No _____ If the applicant is transferring from another Fire Company, a letter of transfer signed by the Chief Officer of that company must accompany this application certifying competency and good standing. Thereby, the six month probationary requirement is waived.

A fee of \$3.00 must accompany this application, to be applied as the first year's dues. I have read and agreed to the requirements and duties outlined in the Job Description of the W.B. Strong Fire Company and hereby apply for membership in your Company. I also agree to submit to a background check for arson convictions only. I understand a clean check is a condition of acceptance. If accepted, I promise full and faithful performance of duties requested of me as a member. My signature also certifies that all information on this application is complete and accurate. If it is proven at a later time that false or incomplete information was submitted in order to deliberately deceive the membership of this Fire Company, I will resign gracefully or accept immediate expulsion. I understand that there will be a six month probationary term before I will attain permanent membership status.

Signature: _____ Note: Annual Dues are \$3.00

Membership Proposed By: _____

Endorsed By: _____

Endorsed By: _____

Approved or Disapproved by membership at Company meeting on _____, Secretary _____
Date Signed

Post Approval Membership Information.

Name: _____

Date of Birth: _____ Social Security # _____

NY State Drivers License # _____ -

Do you have any disabilities or physical limitations that prohibit you from performing any or all firematic duties? Yes _____ No _____

If yes please explain: _____

Contact Names in case of Emergency:

Name: _____ Phone #: _____

Address _____

Name: _____ Phone# _____

Address _____