Lumberland Fire Dept., Inc.

1088 Route 31

Glen Spey, N.Y. 12737

APPLICATION FOR MEMBERSHIP

Name:

I hereby give Lumberland Fire Dept., Inc. the right to make a thorough investigation of my past and present activities to include an arson background check and license check (if a driver). I release any liability of the responsible persons and organizations supplying information. I understand membership in LFD shall be conditional upon satisfactory results of the investigation and that any false answers, statements or implications made by me or others on my behalf for the purpose of this application shall be sufficient cause for dismissal.

I agree to have a Sullivan County Self Insurance form completed by the department physician within 30 days (extension permissible if dept physician unavailable) of being accepted by the membership.

I acknowledge that I will be unable to respond or participate in any activity until the above criteria has been met and reviewed by the membership committee. Depending on the number of active members enrolled, you may be placed on the waiting list.

Signature: **Date:**

Name:

Address:

Cell Phone: **Other phone:**

Social Security#: **Date of Birth:**

City and State of Birth:

Prior Address if less than one year at current address:

Height: **Ethnicity (for arson check purposes):**

Married:

Category of Interest, please check one of the following:

Fire/Rescue/EMS **EMS only:** **Fire Police**

In compliance with the Freedom of Information Act:

Military Service:

Ranch:

Discharge: **Date:** **Type:**

Tell Us About Your Experience:

Do you have any previous experience in the Fire/Rescue or Medical Field? **Yes** **No**

Enter below all Firefighter, EMT or other applicable Fire/Rescue training Include type of Certificate, Date received and any additional remarks:

Have you ever held office in another fire department? Please explain:

Have you ever been arrested for a misdemeanor or felony? If yes, please explain:

How is your driving record?

Do you have a valid NYS drivers' license?

Number: **Class:**

OR

Out of state: State and Number:

Have you ever been arrested and convicted of a motor vehicle violation, i.e DUI, DWI, Reckless driving? Yes No

If Yes, please explain, with dates:

How is Your Health?

Do you have any physical impairment which would prevent you from performing the duties you are applying for? (back issues, vision or hearing problems, breathing issues etc.) Yes No

If Yes, please explain:

Please tell us your blood type and resting blood pressure if known:

Any known allergies:

Applicant Authorization: In order to confirm the information supplied on my application for membership to the Lumberland Fire Dept., Inc., I authorize all licensing agencies, educational institutions, law enforcement agencies, present and former employers, present and former emergency response departments and the military service whether the information is public or private or confidential in nature, to release my information to an authorized agent of the Lumberland Fire Dept., Inc for the sole purpose of membership to said department. This authorization, in original or copy form, shall be valid for this and any future information, reports or updates that may be required. I understand this form will accompany requests for official documents and confirmation for my credentials.

Print Name:

Sign Name: