Millbrook Engine, Hook & Ladder

Company # 1

P.O Box 202

Millbrook, NY 12545

Application of Membership

FIRE DEPARTMENT/EMS/AUXILIARY

The following information is required for our files. Please type or print clearly. Illegible or incomplete applications will not be accepted and no action taken.

Please fill out all requested information and submit online or return to:
MIllbrook Engine Hook & Ladder Co. #1
P.O. Box 202
Millbrook, NY 12545

Please check the appropriate choices:

FIREFIGHTER:_____ EMS:_____ AUXILIARY_____

_____

LAST NAME:_____ FIRST NAME:_____ M. INITIAL_____

MAILING ADDRESS:_____

STREET ADDRESS:_____

CITY:_____ STATE:_____ ZIP:_____

PRIMARY PHONE:_____ SECONDARY PHONE:_____

EMAIL ADDRESS_____

RESIDENT OF:
TOWN OF WASHINGTON:_____VILLAGE OF MILLBROOK:_____ OUT OF DISTRICT_____

ARE YOU 18 YEARS OR OLDER? YES_____ NO_____

APPLICANTS UNDER THE AGE OF 18
FILL OUT BELOW:

All applicants under the age of 18 years of age must have this application signed by a parent and/or Legal Guardian.

An applicant for Junior membership must be at least 16 years of age.

A parent or legal guardian must attend the interview with the applicant.

I/We give our consent for our minor to become an Active Member of the MILLBROOK ENGINE HOOK & LADDER CO. NO 1.

PARENT/GUARDIAN:_____DATE:_____

PARENT/GUARDIAN:_____DATE:_____

The information contained herein is accurate and truthful. I understand that false information will constitute denial of my application for membership.

APPLICANT
SIGNATURE:_____DATE_____

*All information becomes property of the Millbrook Engine, Hook and Ladder Co. No. 1 and will be used solely for company purposes.

- **IMPORTANT!** *Your signature grants the MILLBROOK ENGINE, HOOK & LADDER CO. NO 1 the right to do a background check. All information obtained by such a background check will be kept confidential.*

Have you ever received the rank of Eagle Scout? Yes____ No_____

You will need to have (2) Active Members sponsor your application: **Signature Required**

Sponsor #1:
Print Full Name:_____

Signature:_____

Sponsor #2:
Print Full Name:_____

Signature:_____

You also need to supply (2) Character References.
These references cannot be current department personnel.

1. NAME:_____ DATE:_____
   PHONE:_____ ADDRESS:_____
   _____
2. NAME:_____DATE:_____
   PHONE:_____ADDRESS:_____
   _____

HAVE YOU EVER BEEN CONVICTED OF ANY CRIME OR CRIMINAL OFFENSE?
YES_____NO_____
**If you answered yes to this question, you may be asked to give further explanation upon completion of your application process.*

DO YOU HAVE ANY HEALTH IMPAIRMENTS WHICH MAY PREVENT YOU FROM PERFORMING FIRE, EMS OR RESCUE RELATED DUTIES? YES_____NO_____
**If you answered yes to this question, you may be asked to give further explanation upon completion of your application process.*

ARE YOU CURRENTLY BEING TREATED FOR DRUG OR ALCOHOL ABUSE?
YES_____NO_____
**If you answered yes to this question, you may be asked to give further explanation upon completion of your application process*

FOR THOSE APPLYING FOR ACTIVE MEMBERSHIP ONLY (FIRE/EMS/AUXILIARY)

**You may be periodically tested for substance abuse upon order of the Chief and/or Village of Millbrook Trustees.*

I understand the above statement regarding substance abuse testing. Further, I grant permission for such testing as may be requested.

SIGNATURE OF APPLICANT:_____DATE:_____

HAVE YOU EVER BEEN A MEMBER OF A FIRE DEPARTMENT BEFORE?
YES_____NO_____

IF YES, PLEASE INDICATE THE FOLLOWING:

1. TERM OF MEMBERSHIP:_____
2. RANK ATTAINED:_____
3. REASON FOR LEAVING:_____
4. COMPANY NAME AND ADDRESS:_____

FIRE RELATED COURSES TAKEN (IF ANY): Please attach copies of all certificates.
1._____2;_____
3._____4._____
5._____6._____
7._____8._____
9._____10._____

==========

DRIVERS INFORMATION

DO YOU HAVE A VALID NEW YORK STATE DRIVER'S LICENSE? YES_____NO_____
Please supply a copy of your license with your application.

DRIVER'S LICENSE #_____EXP. DATE:_____
VEHICLE PLATE # (Vehicle most used)_____

**all information becomes property of the Millbrook Engine, Hook & Ladder Co. No. 1 and will be used solely for company purposes.*

FAMILY HISTORY

(FIRE, EMS, AUXILIARY)

NAME OF SPOUSE:_____

NAME(S) OF DEPENDENTS:_____

==========

NAME OF PERSON TO BE CONTACTED IN CASE OF AN EMERGENCY:

NAME:_____PHONE:_____

EMS INFORMATION

Please check any of the current certification(s) that you hold.
Please include the card number, expiration date, and a copy to be handed in with your application.

BASIC FIRST AID: _____
CARD #_____EXP. DATE_____

FIRST RESPONDER:_____
CARD #_____EXP. DATE_____

CPR:_____
CARD #_____EXP. DATE_____

EMT (BASIC)_____
CARD #_____EXP. DATE_____

**Rescue Squad officers will verify this information.*

*All information becomes property of the Millbrook Engine, Hook and Ladder Co. No. 1 and will be used solely for company purposes.

APPLICATION FOR MEMBERSHIP WITH A FIRE DEPARTMENT

NOTE: THIS APPLICATION MUST BE SIGNED BY THE APPLICANT AND AN OFFICER OF THE ABOVE LISTED FIRE DEPARTMENT.

LAST NAME:_____ FIRST NAME:_____MIDDLE _____

MAIDEN NAME OR OTHER NAMES KNOWN BY:_____

DATE OF BIRTH:_____PLACE OF BIRTH:_____ _____ _____
(MM/DD/YYYY) (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 NUMBER:_____ _____ _____
(STATE) (NUMBER) (EXP. DATE)

==========

AUTHORIZATION:

I hereby authorize the Dutchess County Sheriff's Office, Detective Division to conduct a background check for arson and any offense requiring registration as a sex offender for my application for a position of Volunteer with the above-named Fire Department. Such inquiry 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 the fire departments in Dutchess County.

_____ _____ _____
(APPLICANT'S SIGNATURE) (CLEARLY PRINT NAME) (DATE)

WITNESSED BY: ("Witness" MUST be an Officer of the above listed Fire Department)

_____
(FIRE DEPARTMENT OFFICER'S SIGNATURE)

_____ _____
(CLEARLY PRINT NAME AND TITLE) (DATE

Requirements of Membership

FIREFIGHTER: (ACTIVE)

- Work 50% of all fundraisers. (1 night of Carnival and 1 fundraiser)
- Attend 6 regular monthly department meetings.
- Actively serve on 2 house committees per year.
- Adhere to all requirements set forth in the Operating Guidelines and Policies and Procedures.

EMS MEMBER:(ACTIVE)

- Work 50% of all fundraisers. (1 night of Carnival and 1 fundraiser)
- Attend 6 regular monthly department meetings.
- Actively serve on 1 house committees per year.
- Adhere to the requirements set forth in the Rescue Squad By-Laws.
- Adhere to all requirements set forth in the Operating Guidelines and Policies and Procedure

AUXILIARY MEMBER:(ACTIVE)

- Assist Fire Department when requested
- Follow “Duties of Members” in the Auxiliary By-Laws
- Adhere to all requirements set forth in the Operating Guidelines and Policies and Procedures.

OFFICE USE ONLY

APPLICATION RECEIVED BY:_____

DATE RECEIVED:_____

FIRST READING:_____ SECOND READING:_____

INTERVIEW COMMITTEE:

1._____ 3._____

2._____ 4._____

COMMENTS:_____
_____
_____
_____

INTERVIEW COMPLETED: YES_____NO_____ DATE:_____TIME:_____

HOLD:_____ APPROVED:_____ FAILED:_____

BACKGROUND CHECK DONE YES_____ NO_____

REASON:_____
_____
_____
_____

PROBATION:

A. BEGIN PROBATION DATE:_____
B. ASSIGNED TO:_____
C. REQUIRED TRAINING:_____
D. COURSES COMPLETED:_____
E. END PROBATION DATE:_____
F. STATUS CHANGE & DATE:_____

Secretary:_____Date:_____