

Applicant's Name: \_\_\_\_\_

Please Print

## Hampton Volunteer Fire Company Inc.



## Membership Application



Hampton Volunteer Fire Company Inc.  
2520 County Route 18  
PO Box 34  
Hampton, NY 12837

Should you have any questions with the application or the application process, please feel free to contact **Matthew Pratt at (518) 338-4495.**

**Misrepresentations or omissions in this application may result in termination or the application process or membership/employment.**

The Hampton Volunteer Fire Company Inc. does not discriminate against any applicant because of race, color, age, sex, religion, national origin or ancestry, marital status, sexual orientation, veteran's status, or disability.

Hampton Volunteer Fire Company – Application for Membership

Date of Application: \_\_\_\_/\_\_\_\_/20\_\_\_\_

Application for (check all that applies): \_\_\_\_ Fire \_\_\_\_ Committee \_\_\_\_ Trustee \_\_\_\_ First Response

Have you ever applied to this Company before? \_\_\_\_ Yes \_\_\_\_ No If Yes, when? \_\_\_\_/\_\_\_\_/\_\_\_\_

Have you ever been a member of this Company before? \_\_\_\_ Yes \_\_\_\_ No If Yes, when? \_\_\_\_/\_\_\_\_/\_\_\_\_

**Personal Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Physical Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Mailing Address is the same as Physical Address

Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

**In 25 words or less, explain why you are interested in the fire service.**

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

**Sponsors (if you know a member of the Company you can ask to use them as a sponsor)**

Sponsor: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Sponsor: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Emergency Contact Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Street: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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**Driver License Information**

State: \_\_\_\_\_ (Required) Driver License Client ID # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Class: \_\_\_\_\_ Expiration: \_\_\_\_/\_\_\_\_/\_\_\_\_ Current Points: \_\_\_\_\_

Has your driver's license ever been suspended or revoked? \_\_\_\_ Yes \_\_\_\_ No

If “Yes” explain in detail:

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

**Medical Background Information**

While performing the duties of a firefighter or EMS provider, the member is frequently required to use hands to manipulate, handle, feel and operate objects, tools and controls; reach with hands and arms; climb, balance, stoop, kneel, crouch and crawl; and walk, sit, talk and hear. The member must regularly lift and/or move equipment and/or persons weighing up to 150 pounds. Specific vision abilities required by a member include close vision, color vision and ability to adjust focus. The member must be able to work effectively at heights and under physically demanding, life-threatening and emotionally stressful conditions.

The member also is required to use written and oral communications skills; read and interpret data, information and documents; analyze and solve problems; use math and mathematical reasoning; observe and interpret situations; learn and apply information and skills; and interact with other fire department personnel and the public.

Additionally, the member frequently works outside weather conditions and is exposed to extremely hazardous conditions and materials. The member must be able to remain calm, make sound decisions and respond appropriately in emergency situations; maintain records and prepare clear and concise reports; and maintain physical endurance and agility.

Do you have any physical, mental, or emotional sickness, illness, disease, disorder, injury, problem or condition that would prevent you from fully and safely performing the duties of a firefighter?  
\_\_\_\_ Yes \_\_\_\_ No

If you answered “YES”, then please provide complete details:

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

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**Criminal Background Information**

Have you ever been arrested for, charged with, or convicted of a criminal offense (other than a minor traffic violation)?  Yes  No

Have you ever been adjudicated delinquent or otherwise subject to a proceeding in a Juvenile Court or under a Youth Offender Law?  Yes  No

If you answered “YES” to either questions, then please provide complete details:

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Are you registered, or required to register, on any national or state sex offender registry or similar database of sex offenders?  Yes  No

If you answered “YES” then please provide complete details:

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**Employment**

Current Employer: \_\_\_\_\_

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

Contact Person: \_\_\_\_\_ Contact Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Employer Address:**

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Dates Employed: \_\_\_\_/\_\_\_\_/\_\_\_\_ - **Current**

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**References**

List two references not already listed on application and who are not related to you.

Reference Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Years Known: \_\_\_\_\_ Years

Reference Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Years Known: \_\_\_\_\_ Years

**Military Data**

Have you ever been in the armed forces? \_\_\_ Yes \_\_\_ No

Branch: \_\_\_\_\_

Dates of Service: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ - \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Type of Discharge: \_\_\_\_\_ Rank at Discharge: \_\_\_\_\_

Present membership in Armed Services (e.g. National Guard, Reserves): \_\_\_\_\_

**Education**

	School Name	Graduation Date	Subject
High School		/ /	
College		/ /	
Trade School		/ /	

## Hampton Volunteer Fire Company – Application for Membership

### **Fire Experience**

Company/Department: \_\_\_\_\_

Affiliation/Position: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Dates of Service: \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_

Reason for leaving: \_\_\_\_\_

Company/Department: \_\_\_\_\_

Affiliation/Position: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Dates of Service: \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_

Reason for leaving: \_\_\_\_\_

If necessary, list additional address on the back of this page.

List current Fire related certifications (e.g. CPR, EMT, Fire Training etc.)

Certification	State/Governing Agency	Expiration Date
		/ /
		/ /
		/ /
		/ /
		/ /
		/ /

If necessary, list additional affiliations on the back of this page.

NOTE: Please submit a photocopy of all current certifications with the application.

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List Fire vehicles you have driven (e.g. ambulance, engine, etc.)

Vehicle	Company	Years Driven

If necessary, list additional vehicles on the back of this page.

### **APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION**

Hampton Volunteer Fire Company Inc. requires, as a condition of membership/employment and or continued membership/employment that all applicants consent to and authorize a verification of the information submitted on their application or resume. **Please read this statement carefully.**

I, the undersigned applicant, do hereby certify that the information provided by me for membership/employment is true and complete to the best of my knowledge. I understand that if I am accepted for membership/employment, any false statement will be considered as cause for possible dismissal.

This release and authorization acknowledges that the Hampton Volunteer Fire Company, Inc. may now, or at any time while I am a member/employee, conduct a verification of my education, employment history, three (3) years of drug and accident history from all Department of Transportation (DOT) - regulated employers, and motor vehicle records. In addition, the Hampton Volunteer Fire Company, Inc. may contact personal references, and may receive any criminal history record information pertaining to me which may be in the files of any Federal, State or Local criminal justice agency in any state, and/or other information as deemed necessary to fulfill that membership/employment requirements

I authorize the **Washington County Sheriff's Department** to be the screening service and any of its agents and/or employees to disclose verbally and in writing the results of this verification process to the **President of Hampton Volunteer Fire Company, Inc.** The results will be used to determine membership/employment eligibility under Hampton Volunteer Fire Company Inc. membership/employment policies.

I have read and understand this release and consent, and I authorize the background verification. I authorize persons, schools, current and former employers, and other organizations and agencies to provide the **Washington County Sheriff's Department**, as Hampton Volunteer Fire Company Inc. screening service with all information that may be requested, and hereby release all persons and agencies providing such information from all claims and damages connected with their release of any connected information. I agree that any copy of this document is as valid as the original.

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I do hereby agree to forever release and discharge Hampton Volunteer Fire Company, Inc.; and the Washington County Sheriff’s Department and their associates to the full extent permitted by law from any claims, damages, losses, liabilities, cost and expenses, or any other charge or complaint filed with any agency arising from the retrieving and reporting information.

Applicant’s Name - Printed - Last, First, Middle

Maiden or Other Names Used

Name - exactly as it appears on Driver’s License - Printed

Driver License Client ID Number

State

Applicant’s Authorization and Consent for Release - Signature

Date

Members of the public place a great deal of trust in firefighters and first responders and to accept a person as a member of the Company the Company must exercise due diligence in reviewing the application, examining the prospect in an interview, evaluating their medical condition, criminal history, arson check, etc.

By signing below, I certify that the information provided on this application is accurate and complete. I understand and agree that misrepresentation or omissions in the application may result in termination of the application process or membership/employment.

Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_  
Applicant’s Signature

**For an application to be completed you will need to turn in the following:**

- Completed Application
- Photocopies of current certification relevant to Fire Service or EMS

After you turn in your completed application, your application will then go in front of the membership where they will vote to accept or decline your application for membership. You will not need to attend that meeting. The Secretary will contact you with the results.

**For Administrative Use Only**

Date: Application was received: \_\_\_\_/\_\_\_\_/\_\_\_\_

Vote on Proposed Member: \_\_\_\_/\_\_\_\_/\_\_\_\_ Accepted \_\_\_\_ Denied