

# UNION FIRE COMPANY #2

P.O. Box 145  
Ballston Spa, NY 12020  
(518) 885-7121

## APPLICATION FOR MEMBERSHIP

*A \$10.<sup>00</sup> non-refundable application processing fee is required at time of application submittal.*

Name \_\_\_\_\_  
(Last Name) (First Name) (M.I.)

Street \_\_\_\_\_ Apt./Suite No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: Home: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

How long have you resided at the above address? Years: \_\_\_\_\_ Months: \_\_\_\_\_

How long have you resided in New York State? Years: \_\_\_\_\_ Months: \_\_\_\_\_

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

Is additional information about a change in your name or use of an assumed name or nickname necessary to enable a check on your eligibility for membership? Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes", explain:  
\_\_\_\_\_  
\_\_\_\_\_

Do you currently hold a valid New York State Drivers License? Yes \_\_\_\_\_ No \_\_\_\_\_

## EMPLOYMENT

Are you currently employed? Yes \_\_\_\_\_ No \_\_\_\_\_

Present Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_

Street \_\_\_\_\_ Apt./Suite No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

May we contact your current employer as a reference? Yes \_\_\_\_\_ No \_\_\_\_\_

**REFERENCES** (Other than family members or current members of Union Fire Company #2)

Please list three personal references who have known you for at least 3 years.

Name \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Have you ever been convicted or pled 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.

Previous emergency services experience? (Include only fire, rescue, police and emergency medical service agencies).

Name of Agency: \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

(If more space is needed, please identify on attached sheet)

Please indicate your availability to participate in normally required fire department activities (meetings, drills, fund raisers and emergency calls). Please read and sign the attached enclosure labeled "Duties and Responsibilities of an Active Member"

Please check the appropriate time periods:

Week Days: Days\_\_\_\_\_ Evenings\_\_\_\_\_ Nights\_\_\_\_\_

Week Ends: Days\_\_\_\_\_ Evenings\_\_\_\_\_ Nights\_\_\_\_\_

OSHA regulations require that you pass a physical examination before becoming an interior structural firefighter. Will you be willing to undergo a medical examination? Yes\_\_\_\_\_ No\_\_\_\_\_

Please obtain the signatures of (2) active members to serve as a Sponsor for your membership.

\_\_\_\_\_  
Date Signature of Sponsor Printed Name of Sponsor

\_\_\_\_\_  
Date Signature of Sponsor Printed Name of Sponsor

## ADDITIONAL INFORMATION

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**WITHIN THE FREEDOM OF INFORMATION LAW, ALL INFORMATION CONTAINED / OR OBTAINED HEREIN WILL REMAIN CONFIDENTIAL AND WILL BE USED ONLY FOR INTERNAL MEMBERSHIP PROCESSING.**

**IN WITNESS WHEREOF, THIS APPLICATION HAS BEEN SUBSCRIBED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_ BY THE UNDERSIGNED APPLICANT WHO AFFIRMS THAT THE STATEMENTS MADE HEREIN ARE TRUE UNDER THE PENALTIES OF PERJURY.**

|             |                               |                                  |
|-------------|-------------------------------|----------------------------------|
| _____       | _____                         | _____                            |
| <i>Date</i> | <i>Signature of Applicant</i> | <i>Printed Name of Applicant</i> |
| _____       | _____                         | _____                            |
| <i>Date</i> | <i>Signature of Witness</i>   | <i>Printed Name of Witness</i>   |

**PRIVACY NOTIFICATION**

Section 94 of the Public Officers Law (Personal Privacy Protection Law) requires that you be notified of the following facts when information which will be maintained in a record system is collected from you.

The authority to request and confirm personal information about you is found in Article 6 of the Executive Law.

The information obtained will:

Be used to determine your qualifications for the position for which you are applying;

Be released to the Fire Chief and your potential supervisors; and

Be maintained in your personnel file (if you become a fire company member) or in our resume file for six months (if you are not a fire company member).

Failure to provide the information or authorization will result in your application not being considered for membership to this fire company.

The information will be maintained by the Foreman of the Union Fire Company #2, 319 Milton Avenue, Ballston Spa, NY. 12020. Telephone Number: (518)885-7121.

# **UNION FIRE COMPANY #2**

**P.O. Box 145  
Ballston Spa, NY 12020  
(518) 885-7121**

## **APPLICANT'S AUTHORIZATION FOR RELEASE OF INFORMATION**

In order to confirm the information I supplied on my application for membership with the Union Fire Company #2, I authorize all licensing agencies, educational institutions, law enforcement agencies, present and former employers, and the military services to disclose their relevant records about me to the Union Fire Company #2 whether the information be of public, private or confidential nature; and I release them from any liability and responsibility from doing so.

This authorization, in original form, shall be valid for this and any future information, reports or updates that may be requested.

I understand that this form will accompany requests for official documents and confirmations of my credentials.

|             |                               |  |
|-------------|-------------------------------|--|
| _____       | _____                         | _____                                    |
| <i>Date</i> | <i>Signature of Applicant</i> | <i>Printed Name of Applicant</i>         |
| _____       | _____                         | _____                                    |
| <i>Date</i> | <i>Signature of Witness</i>   | <i>Printed Name and Title of Witness</i> |

## DUTIES AND RESPONSIBILITIES OF AN ACTIVE MEMBER

**Section 1.** It shall be the duty of the members upon an alarm of fire to go to the engine house and assist in taking the apparatus to the fire; to listen for and obey the command of those authorized to give orders only, and when not on active duty to stand by the apparatus; to help take up the hose and assist in conveying it back to the engine house unless excused by the commanding officer.

**Section 2.** Any active member shall be subject to expulsion if he fails to perform the duties of an active member of the Company. Such action shall be taken upon the approval of a majority of the Board of Directors, and expulsion shall be made by a majority vote of the members present at any regular meeting after the Recording Secretary shall have notified the delinquent member of the action of the Board of Directors.

**Section 3.** The duties of an active member of this Company shall consist of attendance at all alarms of fire, meetings, parades, drills, funerals, etc., if he is in the fire district at the time of said happening, and is not ill or working, which the Company attends, holds or takes part in.

**I have read and understand the duties of an active member as described in the above excerpts from Article IV of the By-Laws of Union Fire Company #2.**

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*Date*

*Signature of Applicant*

*Printed Name of Applicant*