

# COLD SPRING FIRE COMPANY NO. 1

154 MAIN STREET, COLD SPRING, NEW YORK 10516

EMERGENCIES DIAL - 911

SOCIAL PHONE # - (845) 265-9241

FAX # - (845) 265-1093

## APPLICATION FOR MEMBERSHIP

\_\_\_\_\_ ACTIVE MEMBERSHIP: \$10.00

\_\_\_\_\_ ASSOCIATE MEMBERSHIP: \$25.00

NAME (F,L,MI,MAIDEN) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: HOME \_\_\_\_\_ WORK: \_\_\_\_\_ OTHER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ SOC. SEC. #: \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_ RELIGION: \_\_\_\_\_

US CITIZEN: YES \_\_\_\_\_ NO \_\_\_\_\_ CITIZEN OF: \_\_\_\_\_

SEX: \_\_\_\_\_ RACE: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

SKIN: L / M / D HEIGHT: \_\_\_\_\_ SCARS/MARKS/TATTOOS: Y or N

NEXT OF KIN: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

1. How long have you lived in Cold Spring or the Protecting District? \_\_\_\_\_

2. Previous Address(es): \_\_\_\_\_

3. Have you ever been a member of another Fire Department? YES or NO  
If so, name and address of said Department: \_\_\_\_\_

4. Have you ever been charged with or convicted of any crime? YES or NO  
If so, list all charges, locations and dispositions of such charges: \_\_\_\_\_

5. Do you have any objection to the Cold Spring Fire Company making inquiries into your background and other pertinent related inquiries from law enforcement organizations? YES or NO.

**ACTIVE FIREFIGHTER APPLICANTS MUST PROVIDE DOCUMENTATION FROM A LICENSED PHYSICIAN OF A RECENT PHYSICAL.**

I hereby apply for Active/Associate Membership. I do declare that I am of sound mind and body, good moral character, good health and am fully capable of performing the duties of an active firefighter (if applicable). All of the statements made on this application and any attachments are true to the best of my knowledge. Any false statements contained herein may be grounds for immediate dismissal.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ (If applicant is under 18 years of age)

SPONSOR'S SIGNATURE: \_\_\_\_\_

Board of Governors: Approved: 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ Disapproved \_\_\_\_\_ DATE: \_\_\_\_\_