



# Wiccopee Fire Company Inc.

## Application for Membership

Date of Application: \_\_\_\_\_

Type of Membership:  Active,  Junior Active or  Company Active Membership

### SECTION I INFORMATION ABOUT THE APPLICANT:

1. Full Name: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Post Office Address (If different from above): \_\_\_\_\_
4. Home Telephone: (\_\_\_\_) \_\_\_\_\_ Work Telephone: (\_\_\_\_) \_\_\_\_\_
5. How long have you resided at the above address? Yrs: \_\_\_\_
6. How long have you resided in New York State? Yrs: \_\_\_\_
7. Are you 18 years of age or older? YES NO If NO, state your age: \_\_\_\_
8. Have you ever served in the United States Armed Forces? YES NO  
If YES, did you receive a dishonorable discharge? YES NO If YES, give details in the space provided for additional information. Include service branch and service dates. (Dishonorable discharge is, by itself, not an absolute bar to membership.)
9. Do you have a valid New York State Drivers License? YES NO If yes License # \_\_\_\_\_
10. 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 in the space provided for additional information.

### SECTION II EMPLOYER INFORMATION:

11. Are you currently employed? YES NO
12. May we contact your employer as a reference? YES NO
13. If YES, Name of Company: \_\_\_\_\_
14. Company Address: \_\_\_\_\_
15. Company Telephone: (\_\_\_\_) \_\_\_\_\_

### SECTION III PREVIOUS EMERGENCY SERVICES EXPERIENCE (Fire, Rescue, Police EMS) :

16. Have you ever had experience as a member of an Emergency Services Organization? YES NO
17. Name of Agency: \_\_\_\_\_
18. Address: \_\_\_\_\_
19. Contact Person: \_\_\_\_\_
20. Telephone: (\_\_\_\_) \_\_\_\_\_
21. Have you ever been dishonorably discharged from an Emergency Services Organization? YES NO  
If YES, give details in the space provided for additional information on the third page.

(Page 1 of 3)

**SECTION IV OSHA PHYSICAL EXAM FOR ACTIVE FIREFIGHTERS** The Wicopee Fire Co. Inc. and the East Fishkill Fire District will require that all active members have an entry medical/ physical evaluation which will include screening for Illegal Narcotics. The expense for this evaluation will be the obligation of the E.F.F.D. There will be no expense to the member. Failure to pass a physical exam will forfeit one's membership in the W.F.C. Inc.

**SECTION V REFERENCES:**

22. List three (3) personal references, other than members of this organization, who have known you for at least 3 years.

- A. Name: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_
- B. Name: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_
- C. Name: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_

23. List the names of up to five (5) acquaintances that are members of this organization:

- 1 \_\_\_\_\_  
2 \_\_\_\_\_  
3 \_\_\_\_\_  
4 \_\_\_\_\_  
5 \_\_\_\_\_

**SECTION VI APPLICANT AVAILABILITY:**

24. Check all the appropriate time periods, which are applicable to indicate your availability to participate in normally required fire department activities (e.g. meetings, drills, and emergency calls).

- A. Week days: \_\_\_\_\_ B. Weekends: \_\_\_\_\_  
Days \_\_\_\_\_ Evenings \_\_\_\_\_ Nights \_\_\_\_\_ Days \_\_\_\_\_ Evenings \_\_\_\_\_ Nights \_\_\_\_\_

**SECTION VII NOTICES:**

The application fee (\$3.00 for Active Membership, \$3.00 for Company Membership) must accompany this application for processing. The application fee covers dues for the fiscal year in which the application is made. If the applicant is rejected for membership, the fee is returned. You may submit this application to any member of the Company or send it to the attention of the Secretary, **Wicopee Fire Company Inc. 6 West Hook Road, Hopewell Junction, NY. 12533**. You will be contacted by a member of our Membership Committee to review our requirements for membership and explain the benefits of membership to you. Please be sure that ALL responses on this application have been given and are as accurate as possible. The information supplied in this application is subject to verification.

**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 member) or in our resume file for 6 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. The information will be maintained by the Secretary of Wicopee Fire Company Station #4, 6 West hook road, Hopewell Jct, NY, 12533. Telephone (845) 897-4280

(Continue on next page)

