

Speigletown District Volunteer Fire Company

146 Speigletown Road (Rt. 40), Troy, NY 12182
Phone: (518) 235-5431; Email: speigletownfire@speigletown.org

Application for Membership

[Please print all information legibly]



For Official Use Only

Received: _____
Background: _____
New Member Committee: _____
Membership Meeting: _____
Commissioner's Meeting: _____
I.D. #: _____
Start: _____ / End: _____

Last Name: _____ First & Middle Name: _____

Street Address: _____

City, State, & Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

How long have you lived at the above address? _____

If less than 5 years, previous address: _____

Date of Birth: _____ Age at time of application*: _____

*If you are not over 18, please have a Parent or Guardian give their consent by signing the *Application Release of Information and Parental Permission Release*.

We have several different types of membership (please select one)

- Active-firefighter Active- Fire Police Active-Social Social Patron
(i.e. participate in breakfasts, community events and any other company run activities)

Please indicate your ability to participate in required meetings, drills, & emergency calls:(check all that apply)

- Weekdays Weeknights Weekends

Please explain why you wish to join the Speigletown Fire Company: _____

OSHA regulations require that you pass a physical examination before becoming an active firefighter. The company's designated physician will provide a free, mandatory, annual medical examination. Will you be willing to undergo a medical examination to become an active firefighter? Yes No

If no, why? _____

Previous emergency service experience (i.e. fire, rescue, police, and/or emergency medicine)

Agency/Department: _____

Contact Person: _____ Phone #: _____

Reason for leaving: _____

Have you ever received NYS or national certification for completing applicable course(s)? If so which course(s): _____

*Please provide copies of certificate(s) for your member personnel file.

In the event I leave membership, I agree to return all Speigletown District Volunteer Fire Company & District property issued to me. I understand that my membership can be terminated with or without cause, and with or without notice, at any time at the opinion of either the Speigletown District Volunteer Fire Company, or myself.

I understand that no Speigletown District Volunteer Fire Company or Fire District representative has any authority to enter into any agreement of membership with any other agency for any specified period of time, or to many any agreement contrary to the foregoing.

With the Freedom of Information Law, all information contained and/or obtained herein will remain confidential and will be used only for the internal membership processing.

Privacy Notice:

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

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

The information obtained will:

1. Be used to determine your qualifications for the position for which you are applying;
2. Be maintained in your member personnel files or in a application file for six (6) months (non-member);
3. Failure to provide the information or authorization will result in your application not being considered for membership.

Applicants Signature: _____ Date: _____

Applicant's Authorization for Release of Information

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

This Authorization, in original copy form, shall be valid for this and any future informational, reports or updates that may be requested through my membership.

I understand that this form will accompany requests for official documents and confirmations of all my credentials. I further agree, if any issues should arise while trying to obtain any informational, reports, updates, or credentials I will cooperate and sign all necessary documents requested of me, as long as I have membership with the Speigletown District Volunteer Fire Company.

Applicant's Signature: _____

Applicants name (Printed): _____ Date: _____

Parent/Guardian Signature (Applicants under 18): _____

Parent/Guardian name (Printed): _____ Date: _____

Witness's Signature: _____

Witness's name (Printed): _____ Date: _____

Applicant's Parental Permission Release
(Under Age 18 Only)

I hereby give my daughter/son permission to join the Speigeltown District Volunteer Fire Company. In addition, I give Speigeltown Fire Company permission to check my child's background information, and send them to our fire company physician for a physical.

I am not a medical professional, but I further certify that my child is, to the best of my knowledge, medically and physically fit to undertake the strenuous activities of a Firefighter or EMT personnel; and that, to my knowledge, is not suffering from any contagious or infectious diseases, or any medical conditions or disability which may likely interfere with or be aggravated by Firefighting or EMT activities. I am also aware that my child may be issued a "Blue Light" card by the Chief of the Fire District. This card allows them to use a blue emergency light in their personal vehicle in accordance to the NYS Vehicle & Traffic Law, Section 375

I understand that as the Parent/Guardian of _____ That at any time I choose, I can have my child's membership revoked as I see fit. Said revoking must be made in writing.

Parent/Guardian Signature (Applicants under 18): _____

Parent/Guardian name (Printed): _____

Phone#: _____ Date: _____