JAY VOLUNTEER FIRE DEPARTMENTApplication for Membership

version: February 03, 2022

Please fill out both pages of the application completely and legibly. Failure to provide requested information may result in a delay. Any questions, please contact a Chief Officer or Fire Commissioner.

PFRSONΔI	INFORMATION]					
NAME: Last	First		Middle		DATE OF BIF	RTH: (optional)	Are you 18 or older?	
							yes no	
ADDRESS: (Physical	Number & Street ar	nd/or (M a	ailing) PO Bo	x #	CITY:		ZIP CODE:	
HOME PHONE:	WORK PHONE:		CELL PHONI	E:	EMAIL ADDR	ESS:		
HEIGHT:	WEIGHT:		AGE: (opti	onal)	SOCIAL SECU	CIAL SECURITY NUMBER: XXX-XX-		
EMERGENCY CONTACT PERSON:			RELATIONS	HIP:	CONTACT PHONE NUMBER		:	
	<u>BER</u> is responsible address on file		_	-		-	All correspondence will to the Fire Chief.	
	•		1	The First Control	unges snound	ne provided	to the rine cinej.	
	JCATION							
HIGH SCHOOL GRADUATE: if yes, year yes no			if not, highest grade completed			if	if not, GED (date completed)	
ADDITIONAL EDUCAT	ON: (Name of School	ol, Locatio	n, Date Atten	ded, Date Grad	duated)			
FIREFIGH	TER TRAINING							
Have you been a mem	ber of another Fire	Departm	nent? y	es r	10			
If yes, Where	?		Date: From _		to			
Have you ever been do								
Do you hold any Fire D	epartment Certific	ations?	yes	no				
•	st them: (Name of (-			eded)		
COURSE:			COURSE:	SE:		TE:		
Do you have any physi	cal disabilities whic	h would	limit you fro	m performinį	g various dutie	s? yes	no	
			<u> </u>					
DRIVER RECORD			Do you have a license? yes			no		
Driver License Number and State			License Class			Has it ever been revoked? yes no		
			<u> </u>					
EMP	LOYMENT		OCCUPATIO	ON:				
EMPLOYER NAME			EMPLOYER ADDRESS			EMPLOYER PHONE NUMBER		

REFERENCES	TH	Three References, not including your employer, is requested.				
NAME:	TELEPHONE NUI	MBER and BEST TIME to call:	RELATIONSHIP:			
MILITARY EXPERIENCE						
MILITARY BRANCH	RANK	DATE OF SERVICE	TYPE OF DISCHARGE			
persons or organizations reference concerning my previous employme to the subjects covered in this applifurnished to the Fire Department.	nt, education or any i	nformation they may have, per	sonal or otherwise, with regard			
I authorize the Fire Department to pursuant to Section 837(o) of the E	•	his information and to perform	a Criminal background check			
In consideration for my membersh standard procedures of the Fire De procedures and Best Practices that without prior notice. I further ackn membership may be withdrawn wirstandards to continue membership also understand that I must submit	partment and I under may change, be inter lowledge that my mer thout prior notice. Meand understand that	stand that these rules, regulation preted, or added to by the Fire mbership may be terminated and y continued performance must my probationary period must be	Dons and standard operating Department at any time, and any future offers of meet Fire Department be satisfactorily completed. I			

If under 18: Signature of Parent or Guardian Date:

Date:

approval and at the intervals outlined by the Jay Fire Department Board of Commissioners.

I have read, understand and agree with the above:

Signature of Applicant:

Completed application should be brought to the Jay Volunteer Fire Department Station at 13029 NYS Route 9N in the Hamlet of Jay on a Tuesday evening between 7:00 pm and 9:00 pm or given to the Member which provided the application. Any questions, please call 518-946-2552 and leave a message.