

HALFMOON FIRE COMPANY

315 Middletown Road
Waterford, NY 12188
(518) 371-9854

APPLICATION FOR MEMBERSHIP

Date: _____

Active Member: ☐

Support Member: ☐

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

(Address) (Apt./Suite No.) (City / Zip Code)

Telephone: _____
(Home) (Work) (Mobile)

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. _____

Are you currently employed? Yes ___ No ___

If **"Yes"** give employer information below. May we contact your employer as a reference? Yes ___

Name of Company _____

Address _____ Phone _____

Do you have a valid New York State Drivers License? Yes ___ No ___

Please indicate your availability to participate in normally required fire department activities
(example; meetings, drills and emergency calls)

Please check appropriate time periods.

Week Days: Days ___ Evenings ___ Nights ___

Week Ends: Days ___ Evenings ___ Nights ___

Previous emergency services experience: (include only fire, rescue, police, and EMS)

Name of Agency _____

Address _____

(Address) (Apt./Suite No.) (City / Zip Code)

Contact Person _____ Phone: _____

If more space is needed, please identify on attached sheet

Have you ever been a member of the United States Armed Forces? Yes ___ No ___

If the answer is **"Yes"**, did you receive a dishonorable discharge? Yes ___ No ___

Dishonorable discharge is not an absolute bar to membership. This and other factors will affect a final membership decision.

If the above answer is **"Yes"**, give complete details in the space provided for additional information on separate sheet. (include service branch and service dates).

Have you ever been convicted of 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 separate sheet.

Please list three personal references, other than members of this organization, who have known you for at least 3 years.

A. Name: _____ Phone: _____

Address: _____

B. Name: _____ Phone: _____

Address: _____

C. Name: _____ Phone: _____

Address: _____

Please list the names of any acquaintances that are members of this organization:

OSHA regulations require that you pass a physical examination before becoming an interior structural firefighter. The department's designated physician will provide you with a **free** medical examination.

Will you be willing to undergo a medical examination? Yes ☐ No ☐

ADDITIONAL INFORMATION

Company President:

Board of Commissioners Chairman:

Secretary:

Date of Commissioners meeting:

Date of Company meeting:
