



# UNION CENTER FIRE CO., INC.

P.O. Box 8800

Endwell, New York 13762-8800

(607) 748-1321



## APPLICATION FOR MEMBERSHIP

### PERSONAL INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Date of Birth \_\_\_\_\_ Any Previous Name(s) \_\_\_\_\_

Address \_\_\_\_\_ City/Village/Town \_\_\_\_\_

County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number(s) Daytime \_\_\_\_\_ Evening \_\_\_\_\_ Cell \_\_\_\_\_

E-Mail Address(es) \_\_\_\_\_

### AREAS OF INTEREST

Please check all of the following areas of Company activity that you wish to participate in:

- Firefighting       Emergency Medical Services       Fire Police (traffic/crowd control)
- Auxiliary       Business       Youth Membership (applicants under 18 years of age)

### FORMAL EDUCATION

Name of High School Attended \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Graduated?  Yes  No Type of Diploma \_\_\_\_\_

College/University Attended \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Major Field(s) of Study \_\_\_\_\_

Graduated?  Yes  No Type of Degree \_\_\_\_\_

NEW YORK STATE FIRE SERVICE EDUCATION COURSES COMPLETED

- |  |   |
|--|---|
| <input type="checkbox"/> Firefighter I                     | <input type="checkbox"/> Ladder Company Operations        |
| <input type="checkbox"/> Firefighter II                    | <input type="checkbox"/> Initial Fire Attack              |
| <input type="checkbox"/> Apparatus Operator - Pump         | <input type="checkbox"/> Vehicle Crash Victim Extrication |
| <input type="checkbox"/> Grass, Brush, Forest Firefighting | <input type="checkbox"/> Other_____                       |
| <input type="checkbox"/> Hazardous Materials (Level)_____  | <input type="checkbox"/> Other_____                       |

EMERGENCY MEDICAL SERVICES CERTIFICATIONS

- |  |                                 |
|--|---------------------------------|
| <input type="checkbox"/> CPR/AED (Type/Level)_____     | Expiration Date_____            |
| <input type="checkbox"/> First Aid (Type/Level)_____   | Expiration Date_____            |
| <input type="checkbox"/> Certified EMS First Responder | State_____ Expiration Date_____ |
| <input type="checkbox"/> EMT - Basic                   | State_____ Expiration Date_____ |
| <input type="checkbox"/> Advanced EMT - Intermediate   | State_____ Expiration Date_____ |
| <input type="checkbox"/> Advanced EMT - Critical Care  | State_____ Expiration Date_____ |
| <input type="checkbox"/> Advanced EMT - Paramedic      | State_____ Expiration Date_____ |

CURRENT EMPLOYER (or School, If a Full-Time Student)

Name of Employer/School\_\_\_\_\_

Address\_\_\_\_\_ City\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_

Business Phone \_\_\_\_\_ Working/School Hours (each day) \_\_\_\_\_

MEDICAL HISTORY - Please indicate if you have had any problems with the following:

- |                                 |                                      |   |
|---------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Back   | <input type="checkbox"/> Eyesight    | <input type="checkbox"/> Emotional/Behavioral |
| <input type="checkbox"/> Heart  | <input type="checkbox"/> Hearing     | <input type="checkbox"/> Other (List)_____    |
| <input type="checkbox"/> Hernia | <input type="checkbox"/> Respiratory | <input type="checkbox"/> Other (List)_____    |

Please attach an explanation of any items you have checked above.

Do you have any physical restrictions?  Yes  No

If yes, please attach a detailed explanation of such restrictions.

GENERAL INFORMATION

Do you currently have a valid Driver's License? Yes No

If yes: License Number \_\_\_\_\_ Class \_\_\_\_\_ State \_\_\_\_\_

Expiration Date \_\_\_\_\_ Restrictions \_\_\_\_\_

Have you been convicted of any traffic violations in the past three years? Yes No

If yes, please describe: \_\_\_\_\_

Have you ever been convicted of any criminal offense (felony or misdemeanor)? Yes No

If yes, please attach full explanation, including disposition.

Are you presently charged with any criminal offense (felony or misdemeanor)? Yes No

Are you presently a member of any other emergency services organization, on either a paid or volunteer basis? Yes No If yes, identify organization and level/type of involvement:

Have you ever been a member of, or applied for membership in, any other fire or emergency medical services organization in the past? Yes No If yes, Please complete for each:

Name of Organization	Contact Person	Phone Number	Your Role	Dates of Service
1.				
2.				
3.				
4.				
5.				
6.				

REFERENCES

Please list three references, residing in the local area, whom you have known for at least two years. Please do not include family members, or members of this organization:

Name	Phone
1.	
2.	
3.	

Please read the following statements carefully. Your signature below indicates that you understand and accept these conditions, without exception:

1. The information that I have provided on this application is accurate and complete, to the best of my knowledge and belief. Any deliberate omission or misrepresentation in this application, or in any attached material, will be reason for refusal of the application, or for removal from membership if the falsehood is discovered after membership is attained.
2. I agree to make myself available for all necessary training, and to conform to the bylaws, policies, and general orders of the Union Center Fire Company, Inc.
3. I understand that the acceptance of my application will allow me to participate in orientation related to the role(s) I aspire to in the Fire Company, but that permanent membership in the Fire Company is not automatic.
4. I understand that I am responsible for annual dues, as specified in the bylaws.
5. I voluntarily, and without restriction, grant permission to the Union Center Fire Company, Inc., and to its designated officers and/or agents, to verify any and all of the information I have presented on this application, and to investigate, or cause to be investigated, any aspect of my background or history, for the purpose of determining my physical, mental, and character-related suitability to be a member of the Company. I release all persons collecting or supplying such information from any legal claims arising from this activity.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Witness \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent or Legal Guardian is also required for applicants under age 18:

\_\_\_\_\_ Date \_\_\_\_\_

“Admission to the Union Center Fire Company, Inc. is based upon the personal qualifications and character of the applicant, and is granted without regard to sex, race, color, national origin, or physical disability.”