

**KEENE VALLEY  
HOSE AND LADDER COMPANY, NO. 1, INC.  
KEENE VALLEY, NEW YORK 12943**

**MEMBERSHIP APPLICATION**

DATE: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

CHECK THE FOLLOWING ROLES YOU WISH TO APPLY FOR:

FIRE MEMBER: \_\_\_\_\_ RESCUE: \_\_\_\_\_ WILDERNESS RESPONSE TEAM: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_

AGE: \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_ SEX: M \_\_\_\_\_ F \_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT \_\_\_\_\_ lbs. HAIR COLOR \_\_\_\_\_ EYE COLOR \_\_\_\_\_

DO YOU WEAR GLASSES? YES: \_\_\_\_\_ NO: \_\_\_\_\_ CONTACT LENSES? YES: \_\_\_\_\_ NO: \_\_\_\_\_

DO YOU HAVE A DRIVER LICENSE? YES: \_\_\_\_\_ NO: \_\_\_\_\_ ID. NO. \_\_\_\_\_

WHAT CLASS: \_\_\_\_\_

(PLEASE PROVIDE COPY OF LICENSE) PROVIDED: YES: \_\_\_\_\_ NO: \_\_\_\_\_

VIOLATIONS: YES: \_\_\_\_\_ NO: \_\_\_\_\_ PLEASE LIST: \_\_\_\_\_

\_\_\_\_\_  
CURRENT RESIDENT OF KEENE VALLEY? YES: \_\_\_\_\_ NO: \_\_\_\_\_ HOW LONG HAVE YOU  
LIVED IN KEENE VALLEY? \_\_\_\_\_

ARE YOU A CITIZEN OF THE UNITED STATES? YES: \_\_\_\_\_ NO: \_\_\_\_\_

IF NO, DO YOU HAVE THE LEGAL RIGHT TO STAY IN THE UNITED STATES?

YES: \_\_\_\_\_ NO: \_\_\_\_\_ EXPLAIN: \_\_\_\_\_

IS ADDITIONAL INFORMATION ABOUT A CHANGE IN YOU NAME OR YOUR USE OF AN ASSUMED NAME OR NICKNAME NECESSARY TO ENABLE A CHECK ON YOUR ELIGIBILITY FOR MEMBERSHIP? YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, PLEASE PROVIDE : \_\_\_\_\_

PLEASE INDICATE TIMES/DAYS YOU CANNOT PARTICIPATE IN FIRE DEPARTMENT

ACTIVITIES: \_\_\_\_\_

HAVE YOU BEEN A MEMBER OF THE UNITED STATES ARMED FORCES?

YES: \_\_\_\_\_ NO: \_\_\_\_\_ IF YES, WERE YOU HONORABLY DISCHARGED? YES: \_\_\_\_\_ NO: \_\_\_\_\_ PLEASE PROVIDE DATES OF SERVICE IF YOU WERE HONORABLY DISCHARGED:

HAVE YOU RECEIVED ANY DISABILITY OR COMPENSATION BENEFITS? YES: \_\_\_\_\_ NO: \_\_\_\_\_

IF YES, PLEASE PROVIDE DATES AND DETAILS: \_\_\_\_\_

DO YOU HAVE ANY RESTRICTIONS THAT MAY LIMIT YOUR ABILITY TO PARTICIPATE IN FIRE DEPARTMENT ACTIVITIES? YES: \_\_\_\_\_ NO: \_\_\_\_\_ IF YES, PLEASE PROVIDE

DETAILS: \_\_\_\_\_

PLEASE TELL US WHY YOU WOULD LIKE TO BECOME A MEMBER OF THE KEENE VALLEY FIRE DEPARTMENT:

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**EMERGENCY CONTACTS**

**NAME:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **WORK PHONE:** \_\_\_\_\_ **CELL PHONE:** \_\_\_\_\_

**PHYSICIAN:** \_\_\_\_\_ **PHONE NO.** \_\_\_\_\_

**HOSPITAL PREFERENCE:** \_\_\_\_\_

**BLOOD TYPE:** \_\_\_\_\_

**REFERENCES:**

**PLEASE LIST TWO (2) NON-FAMILY REFERENCES:**

**NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CURRENT KEENE VALLEY FIRE DEPARTMENT MEMBER RECOMMENDING YOU FOR MEMBERSHIP:**

**NAME:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_

**PLEASE PROVIDE PREVIOUS FIRE EXPERIENCE (NONE REQUIRED, TRAINING TO BE PROVIDED)**

**FIRE SERVICE:** \_\_\_\_\_

**FIRE CHIEF:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **WORK PHONE:** \_\_\_\_\_ **CELL PHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**DATES OF MEMBERSHIP:** \_\_\_\_\_ **TO:** \_\_\_\_\_

**PLEASE PROVIDE COPIES OF CERTIFICATIONS: i.e., Fire Fighter I, II, Survival, etc.**

**PLEASE PROVIDE PREVIOUS EMS EXPERIENCE IF ANY (NONE REQUIRED, TRAINING TO BE PROVIDED)**

**EMS SERVICE:** \_\_\_\_\_

**EMS CAPTAIN - DIRECTOR:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **WORK PHONE:** \_\_\_\_\_ **CELL PHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**DATES OF MEMBERSHIP:** \_\_\_\_\_ **TO:** \_\_\_\_\_

**PLEASE PROVIDE COPIES OF CERTIFICATIONS: CPR, Red Cross First Aid, EMT**

**PLEASE LIST OTHER EXPERIENCE THAT MAY BE USED BY THE KEENE VALLEY FIRE DEPARTMENT IN THE COURSE OF ITS DAY TO DAY OPERATIONS:**

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I, having made application for membership in the Keene Valley Fire Department, 15 Market Street, Keene Valley, NY 12943, do hereby authorize the Keene Valley Fire Department to obtain any records or information regarding my application, said information to include arrest and conviction records. I do solemnly swear that this information provided is true and correct and that information deemed to be incorrect may preclude me from membership in the Keene Valley Fire Department.

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(Signature)

Thank you for your interest in joining the Keene Valley Fire Department. We look forward to reviewing your application.

APPROVED: \_\_\_\_\_

REJECTED: \_\_\_\_\_ (Reason given for rejection) \_\_\_\_\_

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Secretary

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Date