

Chelsea Fire Company Inc.

P.O. Box 61

16 Liberty St.

Chelsea, N.Y. 12512

(845) 831-4434

APPLICATION FOR MEMBERSHIP

Basic information about the Chelsea Fire Company, Inc.

Active Members:

1. The fire company's purpose is to provide emergency life and property safety assistance 24 hours a day, 7 days a week to the occupants of the Chelsea Fire District.
2. Active members may be required to lift heavy objects.
3. Active members will work in dangerous environments (ex. Busy roadways, burning buildings...)
4. Active members are required to attend basic training provided by the fire company:
Please note the following are mandatory hourly requirement's each year
 - 8 Hours basic safety*
 - 8 Hours bloodborne pathogens awareness training*
 - 8 Hours Hazardous Materials safety training** Please note that most training during the year covers these topics
5. Active members are required to make at least 10% of all alarms.
6. Active members are required to make at least 10% of all social functions.
7. House committee (equipment checks) and or drills are primarily held on Monday nights* at 7 PM.
*Please note that if you are not available on Monday nights other arrangements can be made.
8. Active members are required to have a basic physical exam prior to submission of application and have the application signed by a medical doctor.
9. Incentives:
 - Members build pride and leadership in the community
 - Service award program

Company meetings are normally held on the first Tuesday* of the month** starting at 7:30pm.

*Please note December's meeting is the first Thursday after the first Tuesday for elections of officers.

**Please note some meetings may be changed due to other events being held at the station.

Associate Members:

1. Associate members assist in fund raising activities.
2. Associate members are allowed to go to most functions with the company.
3. Associate members are asked to participate at all social functions.
4. Associate members help better the company in any way possible.

All applications have at least a two month review / voting period

Please be sure to have the application completely filled out prior to submission.

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I hereby apply for ACTIVE { } ASSOCIATE { } membership in the Chelsea Fire Company, Inc. of Chelsea, N.Y. If accepted, I promise to subscribe to and support the Constitutional By-laws of the Chelsea Fire Company. Date of Application: _____
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Name: _____
(Last) (First) (Middle Init.)

Home Address: _____

How long have you resided at the above address? Years: _____ Months: _____

Mailing Address (If Different): _____

Previous Address 1: _____ Year: _____

Date of Birth: _____ Social Security # _____

Home Phone # _____ Work Phone # _____ Cell Phone # _____

Emergency Contact _____ Phone # _____

=====
Are you 18 years of age or older? YES _____ NO _____ If NO, state your age _____

Is additional information about a change in your name or use of an assumed or nickname necessary to enable a check of your eligibility for membership? YES _____ NO _____ If Yes, Explain _____

Are you currently employed? YES _____ NO _____ If "YES" give employer information below.
May we contact your employer as a reference? YES _____ NO _____

Name of Company: _____ Tel. # _____

Address: _____

=====
Do you have a valid New York State driver's license? YES _____ NO _____ Driver's Lic. # _____

Please indicate your availability to participate in normally required fire department activities (meetings, drills, emergency calls): _____

(Ex. Monday through Friday between 7 pm and 5 am, all weekends)

Please indicate previous emergency services experience: (include only fire, rescue, police, and emergency medical service agencies.):

Service Name: _____

Address (mailing): _____

Tel. #: _____ Year of Service: _____ Total years of active service: _____

Service Name: _____

Address (mailing): _____

Tel. #: _____ Year of Service: _____ Total years of active service: _____

Have you ever been convicted of / or pled guilty to a Felony or Misdemeanor, including insurance fraud, arson, or any reduction of one of those offenses? YES _____ NO _____

If the above answer is "YES", give details in the space provided for additional information the last page

** Note: NYS law prohibits individual membership in volunteer fire companies, who have been convicted of or pled guilty to the crime of arson. **

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

Name: _____ Tel. #: _____

Address: _____

Name: _____ Tel. #: _____

Address: _____

Name: _____ Tel. #: _____

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 departments designated physician will provide you with a free medical examination. Will you be willing to undergo a medical examination? YES _____ NO _____

=====

Office Use Only

Date application received by Company Secretary: _____

Initiation fee of \$1 received YES _____ NO _____

First Reading Date: _____ Second Reading Date: _____ Accepted: _____ Denied: _____

If Denied Reason if any: _____

Date Submitted to Board of Fire Commissioners: _____ Accepted: _____ Denied: _____

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RELEASE OF INFORMATION

WITHIN THE FREEDOM OF INFORMATION LAW, ALL INFORMATION CONTAINED/OR OBTAINED HEREIN WILL REMAIN CONFIDENTIAL AND WILL BE USED ONLY FOR INTERNAL MEMBERSHIP PROCESSING

IN WITNESS WHEREOF, THIS APPLICATION HAS BEEN SUBSCRIBED THIS _____ DAY OF _____, 20____ BY THE UNDERSIGNED APPLICANT WHO AFFIRMS THAT THE STATEMENTS MADE HEREIN ARE TRUE UNDER THE PENALTIES OF PERJURY.

APPLICANT NAME (PRINT): _____

APPLICANT SIGNATURE: _____ DATE: _____

WITNESSED BY: _____ DATE: _____

PRIVACY NOTIFICATION

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

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

The information obtained will:

Be used to determine your qualifications for the position for which you are applying;

Be released to the fire chief and your potential supervisors; and be maintained in your personnel file (if you become a fire company member) or in our resume file for six months (if you are not a company member).

Failure to provide the information or authorization will result in your application not being considered for membership.

The information will be maintained by the **Active Secretary** of the Chelsea Fire Company Inc., P.O. Box 61, Chelsea, N.Y. 12512 (845) 831-4434.

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APPLICATION FOR MEMBERSHIP

PARENT / GUARDIAN PERMISSION

Date _____

To: Chelsea Fire Company, Inc.

I _____, give my son/daughter my permission to apply for membership in the Chelsea Fire Company, Inc. If he/she is accepted, I understand the requirements and obligations he/she will assume.

Parent / Guardian Signature

PHYSICIAN'S STATEMENT

Date _____

To: Chelsea Fire Company, Inc.

I have examined the applicant, _____ and state that he/she is physically able to perform all duties of an active firefighter.

Physician's Signature

(Address)

(Phone number)

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**APPLICATION FOR MEMBERSHIP
Disposition of Application**



Membership committee review () Favorable () Not favorable

Date of review by committee: _____

Membership committee:

Names	Signatures
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Arson form completed? Yes _____ No _____



Company Vote: () Accepted () Rejected

Signed: _____ Date: _____
(Company Secretary)



District Action: () Accepted () Rejected

Signed: _____ Date: _____
(Fire District Secretary)

Date copy sent to company for file: _____