

## Application for Membership

Thank you for applying for membership to the Ulster Hose Co #5. Your volunteering to help others in need is greatly appreciated and adds to the effectiveness of our community service.

Qualified applicants are considered without regard to race, color, sex, national origin, age, marital or veteran status.

Enclosed is your application. Please read the application before filling it out. Please be sure to answer all the questions. Failure to do so may result in delays of processing your application.

Please return your completed application to Ulster Hose Co#5 before December 1<sup>st</sup> or June 1<sup>st</sup> to be considered for Membership. Applications are approved and voted on by the Company in January and July annually. Please enclose a check or money order for the amount of \$5.00 (payable to Ulster Hose Company #5). This fee is for processing your application and for your tentative first year's dues. When we receive your application, it will be reviewed for completion. You will then be contacted for an interview. Pursuant to Executive Law §837-o , a non-fingerprint criminal history background check will also be completed by the Department of Criminal Justice Service (DCJS) for any Arson Conviction or a Conviction Requiring Registration as a Sex Offender before being accepted as a member of Ulster Hose Co #5.

Once again, thank you for applying to the Ulster Hose Co #5.



14. Do you have a Drivers License? Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered yes, complete the following: (attach copy of License)

I.D. #: \_\_\_\_\_

State Issued: \_\_\_\_\_ Class: \_\_\_\_\_

15. Have you ever been convicted of a Moving Traffic Violation within the last 5 Years?

Yes \_\_\_\_\_ (If yes, Please Explain) No \_\_\_\_\_

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16. Have you ever been convicted of any Crime(s)? Yes \_\_\_\_\_ (If yes, Please Explain) No \_\_\_\_\_

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17. Do you have any physical, mental or medical impairment or disability that would limit your ability to be a Member of this organization? Yes \_\_\_\_\_ No \_\_\_\_\_ Maybe \_\_\_\_\_

If necessary, Please explain:

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18. Are you a current/past member of another Emergency Services Organization? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide name of organization(s): \_\_\_\_\_

(if yes, please provide a letter from the organization indicating the applicant had been a member in good standing)

19. Have you any previous firefighting or first aid training?

Yes \_\_\_\_\_ (If yes, Please explain and attach copy of certifications) No \_\_\_\_\_

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20. Can you be available to attend evening meetings and trainings listed below? Yes\_\_\_\_No\_\_\_\_\_

Fire Company Meeting: Second Monday of each month, 7:00 to 9:00 pm

Fire Company Training: Every Monday other than the second, 7:00 to 9:00 pm

21. Do you have any friends or relatives who are presently members of this organization?

Yes\_\_\_\_\_ If yes, list name(s) No\_\_\_\_\_

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22. Please list Three References, not including relatives, that we may contact :

1) \_\_\_\_\_  
Name Address Phone Number

2) \_\_\_\_\_  
Name Address Phone Number

3) \_\_\_\_\_  
Name Address Phone Number

23. Please Explain Why You Want to Join Ulster Hose Co #5.

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***I UNDERSTAND THAT ANY INFORMATION THAT IS FOUND NOT TO BE TRUE OR ANY OMISSIONS OF INFORMATION MAY LEAD TO DISQUALIFICATION AS A MEMBER OF ULSTER HOSE CO #5. I ALSO GIVE ULSTER HOSE CO #5 PERMISSION TO OBTAIN AN INVESTIGATION REPORT OF ANY CRIMINAL RECORD THAT I MAY HAVE.***

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DEPARTMENT USE ONLY**

Date Application Received: \_\_\_\_\_

Payment Received: Yes \_\_\_\_\_ No \_\_\_\_\_

Application Complete? Yes \_\_\_\_\_ No \_\_\_\_\_

Acknowledgement of Requirements Form signed and submitted; Yes \_\_\_\_\_ No \_\_\_\_\_

Cop of By-laws given to applicant: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_

Chief: Approve \_\_\_\_\_ Disapprove \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

DCJS-VFF Form; Date Submitted \_\_\_\_\_ Date Returned \_\_\_\_\_

Date application was read at Company Meeting: \_\_\_\_\_

Interview Date: \_\_\_\_\_

Review Board Interview: Approve \_\_\_\_\_ Disapprove \_\_\_\_\_ Signature: \_\_\_\_\_

Application voted on at Company Meeting: Approve \_\_\_\_\_ Disapprove \_\_\_\_\_ Date \_\_\_\_\_

Commissioner: Approve \_\_\_\_\_ Disapprove \_\_\_\_\_ Signature: \_\_\_\_\_