

HARRIMAN ENGINE CO. NO. 1 INC.

2 S. MAIN STREET - P.O. Box 26
HARRIMAN, NY 10926
845-783-1120

www.HARRIMANFD.com

APPLICATION FOR MEMBERSHIP

OFFICER PLEASE FILL OUT

DATE OF APPLICATION REQUEST: _____

TYPE OF MEMBERSHIP REQUEST: FIREFIGHTER____ FIRE POLICE____ MINOR MEMBER____
ADMINISTRATIVE SUPPORT_____

APPLICANT PLEASE PRINT OR TYPE

FULL NAME: _____ AGE: _____ D.O.B. _____

STREET ADDRESS: _____ APT# _____

VILLAGE – TOWN : _____ ZIP CODE: _____

MAILING ADDRESS IF DIFFERENT FROM STREET ADDRESS: _____

EMAIL ADDRESS: _____

SOCIAL SECURITY#: _____ YEARS LIVED AT ADDRESS: _____

DRIVERS LICENSE #: _____ CLASS OF LICENSE: _____

HOME PHONE #: _____ CELL PHONE #: _____

EMPLOYER: _____ PHONE#: _____

EMERGENCY CONTACT NAME: _____ RELATIONSHIP: _____

CONTACT # DAY: _____ CONTACT # NIGHT: _____

EMERGENCY CONTACT NAME: _____ RELATIONSHIP: _____

CONTACT # DAY: _____ CONTACT # NIGHT: _____

PHYSICAL HEALTH: GOOD____ FAIR____ POOR____

DO YOU HAVE A POLICE RECORD: YES NO (please explain on the back of this sheet)

DO YOU HAVE A TRAFFIC RECORD: YES NO (please explain on the back of this sheet)

HAVE YOU BEEN A MEMBER IN ANY OTHER VOLUNTEER ORGANIZATION: YES NO

FOR HOW LONG: _____ WERE YOU A MEMBER IN GOOD STANDING: YES NO

NAME OF ORGANIZATION: _____ TYPE: _____

PERSON IN CHARGE: _____ TITLE: _____

APPLICATION FOR MEMBERSHIP CONTINUED

DO YOU HAVE ANY TRAINING OR SKILLS USEFUL TO THE FIRE SERVICE: YES NO

EXPLAIN: _____

PLEASE ATTACH TRAINING CERTIFICATES

APPLICANT PLEASE READ AND SIGN

To the best of my knowledge, all above statements are true and accurate, and at this time, give my permission for the Harriman Engine Company to check and verify all information provided herein. Any false statements made by myself may lead to rejection of this application without notice. If any falsification is found after acceptance to membership may lead to immediate expulsion from the company.

APPLICANT NAME PRINTED: _____

APPLICANT SIGNATURE: _____ **DATE:** _____

THIS APPLICATION REQUIRES THREE SPONSORING MEMBERS:

ID# _____ SIGNATURE: _____ DATE: _____

ID# _____ SIGNATURE: _____ DATE: _____

ID# _____ SIGNATURE: _____ DATE: _____

OFFICER PLEASE FILL OUT

DATE APPLICATION RECEIVED BY COMPANY: _____

DATE PRESENTED AT MONTHLY MEETING: _____

DATE INTERVIEWED BY OFFICERS: _____ **RECOMMENDED FOR MEMBERSHIP: YES NO**

DATE VOTED ON BY MEMBERSHIP: _____ **APPROVED FOR MEMBERSHIP: YES NO**

DATE VOTED ON BY VILLAGE BOARD: _____ **APPROVED FOR MEMBERSHIP: YES NO**

Original copy stays with the company in a folder created for the applicant. After presentation to the company but before the officer interview a copy will be sent to the Village PD for a license and criminal check. That copy once returned stamped by the Village PD will then be forwarded to the Village Board, if the application is approved by the membership at a monthly meeting by two thirds vote. If the application is for a minor membership a permission slip shall be provided and must be filled out completely and signed by a legal guardian with a copy of their license attached.