



APPLICATION FOR MEMBERSHIP

Date: _____

To the Officers and Members of the Tri-Village Fire Company, Inc.

I, the undersigned, desiring to become a member of the Tri-Village Fire Company, Inc., do submit the following:

Name: _____ Age: _____ Date of Birth: _____

Address: _____

City/State/Zip: _____

Home Phone: () _____ Cell Phone: () _____

SS#: _____ - _____ - _____ Driver's License #: _____ Email: _____

Have you been a member of another Fire Company? Yes _____ No _____

Company Name: _____ City/State: _____

Reason for leaving: _____

I understand that if my membership is approved, I will be accepted as a probationary member and shall be required to complete CPR training and either **Basic Exterior Firefighting Operations or Firefighter I** given by New York State within two years of being sworn in, and that I shall be required to attend four meetings and six drills, annual OSHA training, and respond to 10% of the calls in each calendar year and that I will abide by the Constitution and By-laws of the Company.

I am applying for membership as () FF () FP () EMS

Signed: _____

Sponsoring TVFC Member: _____ Sponsoring TVFC Member: _____

Medical Exam Approval: () FF () FP () EMS () Not approved (form attached)

Membership Committee Action: () Recommended () Not Recommended

Membership Committee Chair Signature: _____ Date: _____

Application to the Tri-Village Fire Company, Inc. is open to any person who has attained the age of 16 years and resides or works within Tri-Village Fire Company district. This form (fully completed and co-signed by two TVFC members) will then be presented to the Membership Committee of the TVFC for their recommendation. The full Membership must then approve your application, in a secret ballot, by a majority vote of the members present.

If not approved, you may reapply after six months.

Date sworn in: _____ By: _____

Name / Title

REQUEST FOR PHYSICAL EXAMINATION

(1) APPLICANT

(2) EMPLOYER

M _____ Age _____

Tri-Village Fire Company

Address: _____

Duties () Active/Fireman
() Fire Police

Dear Doctor:

Examination of the above named applicant is a requirement of Columbia County Local Law No. 1-1956, that Employer may determine whether or not applicant is physically qualified to perform the duties required for employment. Complete examination of lines 1 to 8 below.

To expedite payment for services rendered, attach your bill to this report to return both to person representing employer at name and address below:

(3) Name

Person Representing Employer

Address

Tri-Village Fire Company
Old Chatham, NY 12136

REPORT OF PHYSICAL EXAMINATION

1. Is applicant free from infection or contagious disease?
2. Has applicant a hernia?
3. Any abnormality of the heart or lungs?
4. Blood pressure? Normal?
5. Urine examination: Alb. Sugar
6. Any constitutional diseases requiring medical supervision?
If so, what?
7. Does applicant have any permanent condition due to previous accident or disease or any congenital condition?
8. Is applicant physically qualified to perform the duties required?

Signed: _____

Date: _____

(4) Employer: Indicate whether or not employed. Yes _____ No _____

Signed: _____

APPENDIX A

| Category | Alarm Response | | Annual Requirement | | Restrictions | Voting Privileges |
|---|----------------|--------------------------|--------------------|---------------|--|---------------------------|
| | <i>Allowed</i> | <i>Required</i> | <i>Meetings</i> | <i>Drills</i> | | |
| MEMBERSHIP CATEGORIES | | | | | | |
| Firefighter Probationary New member for 6 months minimum or until Certification completed | All | All Fire EMS Optional | 4 | 4 | Must complete FF, FP or EMS training within 2 years. No Interior Entry | None for first 6 months |
| Firefighter Support | All | All Fire EMS Optional | 4 | 4 | NYS "Training 2000 Basic" required. No Interior Entry No SCBA | Full |
| Firefighter Exterior | All | All Fire EMS Optional | 4 | 4 | NYS "Training 2000 Basic" required. No Interior Entry SCBA Qualification | Full |
| Firefighter Interior | All | All Fire EMS Optional | 4 | 4 | NYS "Training 2000 Basic" required. SCBA Qualification | Full |
| EMS Probationary | All | All EMS Fire Optional | 4 | 4 | Complete CPR training within 2 years No Interior Entry | None for first 6 months |
| EMS | All | All EMS Fire Optional | 4 | 4 | NYS EMS certification required | Full |
| Fire Police | All | All | 4 | 4 | NYS Fire Police Course required | Full |
| Life | None | None | 0 | 0 | | None unless FF, FP or EMS |
| Charter | None | None | 0 | 0 | | None |