



# Rombout Fire Company

901 Main Street Fishkill, New York 12524

## Application for Membership

Please **Type** or **Print**. All parts must be filled out in order to process this application. All Fields in the Personal Section are **REQUIRED** for the NYS arson background check.

P E R S O N A L	Type of Membership: <input type="checkbox"/> Active <input type="checkbox"/> Active Junior <input type="checkbox"/> Associate				
	Last Name		First	Middle	Date
	Alias/Maiden Name				Home Telephone (    )    -
	Residence Street Address				Work Telephone (    )    -
	City, State, Zip				Years at address
	Mailing Address (If different than residence)				
	Previous Address (If at residence address less than five years)				
	Date of Birth	Age	Place of Birth		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
	SSN -   -	Height '   "	Weight	Drivers License/Permit Number	State
	Race (Check one) <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian <input type="checkbox"/> Japanese <input type="checkbox"/> Chinese <input type="checkbox"/> Other			Email (Optional)	
Signature/Date			<b>I hereby authorize the Dutchess County Sheriff's Office, Detective Division to conduct an Arson Check regarding my application for a position of Volunteer with the above named fire department. Such arson check will be conducted as outlined in the Rules and Regulations of the Dutchess County Sheriff's Office for background checks for positions of volunteers with fire departments in Dutchess County.</b>		
Witness Signature/Date					
Print Witness Name/Title					

E M P L O Y E R	Company Name		Telephone (    )    -
	Address		Years Employed
	Name of Supervisor		Current Position

Have you ever been a member of an emergency organization (Fire company, Ambulance squad, Rescue Squad, etc.) prior to this application? <input type="checkbox"/> Yes <input type="checkbox"/> No <span style="margin-left: 100px;">Are you still presently a member? <input type="checkbox"/> Yes <input type="checkbox"/> No</span>		
Name of Organization		Years of Membership
Name of Officer to contact		Telephone (     )     -
Have you ever been a member of a civic or social organization? <input type="checkbox"/> Yes <input type="checkbox"/> No List the names of those organizations, a phone number and contact.		
Have you ever been convicted of a crime other than minor traffic violations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes to above please explain:		
Have you ever resigned from a civic or emergency organization as an alternative to facing charges or dismissal from that organization? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes to above please explain:		
If still in school Name of the School		Current Grade
Character References (other than relatives or present members of Rombout)		
Name		Telephone (     )     -
Name		Telephone (     )     -
<u>Optional Sponsored by the following members of the Rombout Fire Company (The listed member(s) will provide a brief summary of your character to the membership and why they would support your candidacy for membership in Rombout)</u>		
Member Name		Member Name

Carefully read the following paragraphs and initial in the boxes that you have read and understand the following:

Initial	I authorize the Investigating Committee of the Rombout Fire Company to make contact with any of the listed references and to look into my background, character, education, employment, criminal or police records for the purpose of only confirming the information on my application to be accurate and correct. I do hold the Rombout Fire Company or Rombout Fire District harmless for claims or lawsuits resulting from the information obtained.	
Initial	I hereby acknowledge that all information supplied here is subject to investigation and confirmation. I also certify that all information is true and correct to the best of my knowledge. I understand that if <b>the information provided</b> is shown to be <b>intentionally</b> inaccurate <b>or misrepresented</b> my application for membership will be revoked. If at any future date, while a member of Rombout, the above information is found to be <b>intentionally</b> inaccurate <b>or misrepresented</b> , I understand my membership will be <b>forfeited</b> .	
Initial	I understand that upon acceptance to the Rombout Fire Company and Rombout Fire District that the Fire District will require that all active members have an entry medical/physical evaluation which will include screening for drugs. The expense for this evaluation will be the obligation of the Rombout Fire District unless the <b><i>Physical is scheduled by the member and they fail to show up. Failure to pass this physical will forfeit one's membership in the Rombout Fire Company.</i></b>	
	<i>The Rombout Fire Company and the Rombout Fire District are equal opportunity organization(s). We comply with all Federal and State Laws which prohibit discrimination because of age, sex, race, color, national origin, disability, or marital status.</i>	
	Please be advised that all information contained within this application will remain confidential	
	Signature of applicant	Date
	Parent/Legal Guardian Co Signature (If applying for Active Junior membership, under 18 Years of age)	
	Application fee is non-refundable <b>\$5.00</b> for all Active and <b>\$20.00</b> for Associate. This is to be submitted at the time of the application. If accepted for membership, it is used to pay your dues for the year.	

## Investigating Committee Report

Date Application Received/By whom	Date Application Read at Meeting	
Date of Interview	Date Arson Background Check sent	
Prior Arson Conviction: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Arson Background Check Results Received	
Name of Fire Company Civil Representative(s)		
Name of Fire Company Firematic Representative(s)		
Name of District Representative(s)		
Emergency Service Organization(s)	Date(s) contacted	Verified
Civic or Social Organization(s)	Date(s) contacted	Verified
Employer	Date contacted	Verified
Rombout Sponser(s)	Date(s) contacted	Verified
Does the investigating Committee recommend this individual for membership: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Date of Vote of Company Meeting	<input type="checkbox"/> Approved by Majority of Members <input type="checkbox"/> Declined by Majority of Members	