

Chelsea Fire Company Inc.
P.O. Box 61
16 Liberty St.
Chelsea, NY 12512
(845) 831-4434

APPLICATION FOR MEMBERSHIP

Types of Membership

1. Fire Police
2. Driver/ Operator
3. Junior Firefighter
4. Exterior Firefighter
5. Interior Firefighter
6. Associate Member

Active Members (Fire Police, Driver/Operator, Junior Firefighter, Exterior Firefighter & Interior Firefighter):

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, etc.).
4. Active members are required to attend basic OSHA training provided by the Fire Company.
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. Active members are required to have a basic physical exam

Associate Members:

1. Associate members assist at fund raising activities.
 2. Associate members can go to most functions with the company.
 3. Associate members are asked to participate in as many social functions as possible.
- House committee (equipment checks) and/or drills are Monday nights at 7:00 PM.
 - Company meetings are held on the first Tuesday of the month at 7:30 PM.
 - Note: The December meeting is the first Thursday after the first Tuesday of the month.

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I hereby apply for Fire Police [], Driver/ Operator [], Junior Firefighter [], Exterior Firefighter [], Interior Firefighter [], Associate [] membership in the Chelsea Fire Company, Inc. of Chelsea, NY. If accepted, I promise to subscribe to and support the Constitutional By-Laws of the Chelsea Fire Company. Date of Application: _____

Name: _____

Home Address: _____

How long at residence: Years: _____ Months: _____

Mailing Address (If different from above): _____

Date of Birth: _____ Social Security #: _____

Phone Number: _____ (cell/home/work?) _____

Emergency Contact:

Name: _____ Relationship: _____

Phone Number: _____

Are you 18 years or older? YES ___ NO ___ If No, how old are you? _____

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

Are you currently employed? YES ___ NO ___

Company: _____ Phone #: _____

Address: _____

Do you have a valid NYS Driver's License? YES ___ NO ___ License #: _____

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Please indicate any previous emergency service experience (ex. Fire, Police or EMS agencies):

Name of Agency: _____

Mailing Address: _____

Phone #: _____ Years of Service: _____ Years of Active Service: _____

Name of Agency: _____

Mailing Address: _____

Phone #: _____ Years of Service: _____ Years of Active Service: _____

Have you ever been convicted of/ plead guilty to a Felony or Misdemeanor (including insurance fraud, arson or any reduction of one of those offenses)? YES _____ NO _____ If Yes, please explain on page provided.

References:

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

Name: _____ Phone #: _____

Address: _____ Relationship: _____

Name: _____ Phone #: _____

Address: _____ Relationship: _____

Name: _____ Phone #: _____

Address: _____ Relationship: _____

Please list any acquaintances that are members of this organization: _____

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OFFICE USE

RELEASE OF INFORMATION

WITHIN THE FREEDOM OF INFORMATION LAW, ALL INFORMATION CONTAINED/ 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 NAME (SIGN): _____ DATE: _____

WITNESS NAME (PRINT): _____

WITNESS NAME (SIGN): _____ 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 in which you are applying.
- Be released to the Fire Chief and your potential supervisors and be maintained in your personnel file (should you become a member), or in our resume file for six months (should you not become a member)

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

The information in this application will be maintained by the **Active Secretary/ Vice President** of the Chelsea Fire Company Inc., P.O. Box 61, Chelsea NY, 12512; (845) 831-4434

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PARENT/ GUARDIAN PERMISSION

Date: _____

To: Chelsea Fire Company, Inc.

I, _____, give my child 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

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PLEASE USE FOR ANY ADDITIONAL INFORMATION/ EXPLANATIONS:

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FOR OFFICE USE ONLY

Interview:

Date of Interview: _____

Members in attendance:

Arson form completed: Yes No

Interview members voted: Favorable Not Favorable

Company:

First Reading Date: _____

Second Reading Date: _____

Accepted Denied

District:

Accepted Denied

Date: _____

Please save copy and email to ChelseaChief35@icloud.com