Clermont Fire Company Inc 65 Fire House Road Germantown NY 12526 (518) 537 6811

Serving The Community With Pride Since 1928

Dear Applicant,

Thank you for your interest in joining the Clermont Fire Company. The community depends on us responding to their needs and we are always looking for new members, like yourself! Why not start a family tradition and join the ranks of the thousands of volunteer fire fighters across the country? We thank you for expressing an interest to get involved! The Clermont Fire Company is a 100% volunteer department. We are made up of your friends and neighbors, coming from many different backgrounds. All training and equipment is provided to you at no cost.

We do not have assigned shifts, nor do we stay or sleep at the firehouse. You will be responding from your home or work as your schedule permits. There are also many benefits that come from being a volunteer, which we will discuss at your orientation.

To apply for membership, you will need to complete the attached form. We cannot process your application if it is not completely filled out. If any item on the application does not apply to you, please indicate by putting "N/A" where appropriate. Once completed, please return your application via mail to the address above for review by the membership committee. We will contact you for an orientation meeting, where we will answer your questions and provide you with an overview of what being a volunteer firefighter involves.

All persons applying to be a firefighter will be given a physical form to be taken to a local medical provider, approved by the Clermont Board Of Fire Commissioners. You will be able to choose a location to make an appointment at your convenience. There is no cost to you for this exam.

Those persons applying for social member status will not have to obtain a physical.

Please contact us at the phone number above should you have any questions or need any further assistance.

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Application For Membership

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ll Name:	
ailingdress:	_
ysicaldress:	
one:	
ork one:	_
nail:	
te Of Birth: Social Security Number:	_
e you at least 18 years of age? YesNo	
w long have you resided at your current address?YearsMont	hs
w long have you resided in New York State?YearsMont	:hs
you intend to reside in the local area over the next few years? Yes No.	

Do you possess a valid NYS drivers license?	YesNo
Drivers license number:	Expiration Date:
Do you own or have access to a vehicle to perespond to stations for emergency calls?	
Are you currently employed?	YesNoRetired
Employment Information:	
Name:	
Address:	
Position:	
Phone Number:	
Can we contact your employer as a referenc	ee? Yes No
What is the highest level of education you h	ave completed?
High School Associates Degree E	Bachelor's Degree
Trade/Vocational Training Year highes	st level completed:
Are you a citizen of the United States:	Yes No
	iller de e felens mindensen
Have you ever been convicted or pleaded guinsurance fraud, arson, or a reduction of one	

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Please indicate all positions you are interested in becoming qualified for to service the company and community:		
Social/Non Active Member: Company member involved/assisting in meetings, administrative duties, fundraising activities, community events and company activities.		
Fire Police: Safely performs fire police duties such as directing traffic, closing roads, securing fire scenes, crowd control, and apparatus/equipment security at fire scenes/events.		
Exterior Firefighter: Safely performs fire scene operations outside of structures, places water on fires from outside of structures, connects hoses to apparatus/dry hydrants, assists other exterior and interior firefighters with tools/equipment, performs/assists in vehicle rescue.		
Interior Firefighter: Safely performs all functions of a firefighter including interior fire extinguishment, interior search and rescue, vehicle rescue, roof operations, structural ventilation, and overhaul.		
Apparatus Operator: Safely operates apparatus to and from emergency calls, drills, and community events with fire fighters on board. Operates water pumps and hose lines to help support interior/exterior firefighters, assists interior/exterior fire fighters with equipment and tools.		
Have you previously belonged to another fire department or have any experience in the emergency services field? Yes No		
If so, please provide department/agency information:		
Name:		
Address:		
Years Of Service:		

Contact Person:	Phone Numbe	er:		
Please list all relevant certifications, courses, trainings you may have, if any. (Please attach copies of all applicable training certificates)				
	personal references, other than have know for at least 3 years:			
Name:	Address:	Phone Number:		
1.				
2.				
3.				
	of any acquaintances that are nersonally:	_		
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	RATE AND TRUE. I FURTHER UN			
	OF THE CLERMONT FIRE COM			
CLERMONT FIRE COMI	PANY INC RESERVES THE RIGHT	T TO REJECT MY APPLICATION		
AND/OR TERMAINATE	ME AS A MEMBER WITHOUT I	DUE PRUCESS.		
	MY MEMBERSHIP IS CONTIGEN			

CLERMONT FIRE COMPANY INC/CLERMONT FIRE DISTRICT, INCLUDING, BUT NOT LIMITED TO ARSON AND SEX OFFENDER STATUS, I WILL FURTHER BE REQUIRED TO HAVE A YEARLY PHYSCIAL WITH CLEARANCE TO PERFORM MY DUTIES AT A

CHOSEN FACILITY/DOCTOR OF THE CLERMONT FIRE DISTRICT. MEMBERSHIP IN THE CLERMONT FIRE COMPANY INC INCLUDES A MAJORITY VOTE OF THE MEMBERSHIP IN ATTENDANCE AT A REGULARLY SCHEDULED MEETING OF THE CLERMONT FIRE COMPANY INC.

WITHIN THE FREEDOM OF INFORMATION, ALL INFORMATION CONTAINED/OR OBTAINED HEREIN WILL REMAIN CONFIDENTIAL AND WILL BE USED FOR INTERNAL MEMBERSHIP PROCESSING.

IN WITNESS WHEREOF, THIS APPLICATION HAS BEEN SUBSCRIBED THIS [
OF, 20 BY THE UNDERSIGNED APPLICANT WHO AFFIRMS THE	
STATEMENTS MADE HEREIN ARE TRUE UNDER THE PENALTIES OF PERJURY.	
Applicants Circulture	
Applicants Signature:	
Applicants Printed Name:	
•	_
Date:	
Witnessed By:	
Witnessed By:	
Witness Printed Name:	
Date:	

PLEASE RETURN THIS APPLICATION DIRECTLY TO THE CLERMONT FIRE COMPANY INC. WE WILL CONTACT YOU TO SET UP AN INTERVIEW.

*APPLICANTS UNDER 18 YEARS OF AGE MUST ATTACH A SIGNED PARENTAL RELEASE WITH THIS APPLICATION.

PRIVACY NOTFICATION

Section 94 of the Public Officer Law (Personal Privacy Protection Law) requires that you be notified of the following facts when information which will be maintained in a records system for you.

The authority to request and confirm personal information about you is found in Article 6 of the Executive Law. The information obtained will:

be used to determine your qualifications for the position for which you are applying;

be released to the fire chief and your potential supervisor; and

be maintained in your personnel file (if you become a department member) or in our resume file for six months (if you do not become a department member)

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

The information will be maintained by the Chief of the Clermont Fire Company Inc 1795 Route 9 Germantown NY 12526. (518) 537 6811

Clermont Fire Company Inc/Clermont Fire District Parental Release

I am aware that my child	wishes to become a member of the
Clermont Fire Company Inc/Clermont Fire	re District and I grant him/her permission to do so. I have
been informed that members 16 years	of age may participate in live burns that are supervised
appropriately and may enroll in state	approved fire courses. In addition, I am aware that
members 17 years of age, may become	interior firefighters. However, I understand that there
are hazards associated with being an ex	terior firefighter and interior firefighter in the Clermont
	t. These hazards include, but are not limited to contact
	ing, vigorous physical activity, ability to don and doff
	ss of 50 lbs., climbing ladders, exposure to hazardous
	ent conditions that may impact one's mental capacities.
	d is injured in the line of duty, workers compensation
benefits are supplied by the Clermont Fi	re District, not the Clermont Fire Company Inc.
	ermont Fire Company Inc/Clermont Fire District has
	member's level of participation expectations. However,
	erfere with a child's academics. If at any time I feel as cting my child's academics or personal health I will notify
	ment immediately so measures may by taken to assist in
rectifying the situation.	ment initialized y so mediates may by taken to assist in
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Once my child is accepted as a member and given a copy of the company bylaws	of the Clermont Fire Company Inc/Clermont Fire District and district SOPS (standard operating procedures), I will
ensure that I will review these documen	ts with my child. I understand that it is my responsibility
to address any questions or concerns I h	nave with the Chief and/or President of the department
immediately.	, and a second
Print Name Of Parent/Guardian	Date
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Signature Of Parent/Guardian	