

**Long Ridge Fire Company
Board of Trustees**

Application for Membership

Directions:

1. This application must be completed in full before action shall be taken. Print in Ink or Type. Sign last page as indicated.
2. Applicants for Membership must pass a physical examination by a licensed physician and be certified fit for duty as a firefighter. Physicals will be at no cost to the Long Ridge Fire Co., Inc.
3. Please submit a copy of your driver's license with this application.

I wish to apply for (check one):

Active Member

Administrative Member

Junior Member (if under 18)

Name (Last, First, MI)

Gender

Date of Birth

Address

Driver's License Number/State

City, State, Zip

How long have you lived at this address?

Home Phone

Cell Phone

E-Mail Address

Highest Level of Education Attained

Occupation

Have you ever been arrested and/or found guilty of a crime other than minor traffic violations? If so, please attach an explanation.

Have you ever been a member of another Fire Department? _____
Department Name

To Be Completed By Applicant

I hereby certify that the information I have given in this application is true and correct to the best of my knowledge and I understand that any falsification shall automatically result in my expulsion from the Long Ridge Fire Co., Inc., Inc. If elected to the Long Ridge Fire Co., Inc. I hereby agree to adhere to the Bylaws and Standard Operating Procedures set forth by the department. If removed from the Department I hereby agree to return all equipment issued to me by the department including, but not limited to all fire gear, radios, pagers, key fob, and bylaws.

I understand that failure to return department equipment following an expulsion or resignation from the department may result in legal action. I hereby authorize the release of any and all information concerning me contained in the records of any Federal, State or Local Police agency to the Long Ridge Fire Co., Inc.

Print Name _____

Signature _____

Date _____

To Be Completed By Parent Or Guardian (If applicant is under 18)

I give permission for my son/daughter to apply for membership with the Long Ridge Fire Co., Inc. I understand that according to the House Rules of the Long Ridge Fire Co., Inc, my son or daughter may not be in the firehouse past 10:00pm on a school night unless reporting for duty at an alarm or drill.

Print Name _____

Signature _____

Date _____

Physical Examination

I certify that I have completed a physical examination of the applicant, and I find him/her fit for duty as a fire fighter.

Signature of Physician _____

Date _____

Physician Name and Address:

Long Ridge Fire Co. Use Only

Application Sponsored By _____

Posted: _____

Sworn In: _____

Badge Number: _____