

HIGHLAND HOSE COMPANY NO. 1, INC.
PO BOX 521 HIGHLAND, NY 12528

MEMBERSHIP APPLICATION

THANK YOU FOR TAKING TIME TO FILL OUT AN APPLICATION FOR MEMBERSHIP IN THE HIGHLAND HOSE COMPANY, NO. 1., INC.

THE HIGHLAND HOSE COMPANY NO. 1, INC. HAS A COMMITMENT TO PROVIDE MANPOWER TO THE HIGHLAND FIRE DISTRICT, WHICH TOGETHER HAVE THE RESPONSIBILITY TO PROTECT THE LIFE AND PROPERTY OF THE HIGHLAND FIRE DISTRICT, AS WELL AS IT'S SURROUNDING MUTUAL AID COMMUNITIES.

SUBMIT THE COMPLETED APPLICATION TO THE ABOVE ADDRESS. MISSING OR INCOMPLETE INFORMATION MAY RESULT IN DELAYS.

NORMAL PROCEDURE IS:

DATE:

PROSPECTIVE MEMBER FILL OUT APPLICATION:

SUBMIT APPLICATION TO MEMBERS AT MEETING:

INVESTIGATION BY COMMITTEE:

INTERVIEW BY OFFICERS:

VOTE BY MEMBERSHIP AT MEETING:

APPROVAL BY COMMISSIONERS AT THEIR MEETING:

APPLICANT SCHEDULED FOR PHYSICAL EXAM:

IF ALL ABOVE STEPS ARE COMPLETED AND MEET ALL OF THE REQUIREMENTS OF THE HOSE COMPANY AND THE FIRE DISTRICT, THE APPLICANT WILL BE ACCEPTED AS A PROBATIONARY ACTIVE MEMBER, AND NECESSARY FIRE FIGHTING EQUIPMENT WILL BE ISSUED. ALL EQUIPMENT ISSUED IS PROPERTY OF THE FIRE DISTRICT AND IS SUBJECT TO IMMEDIATE RETURN, IF REQUESTED BY THE CHIEF OFFICER.

AGAIN, THANK YOU FOR EXPRESSING YOUR INTEREST IN JOINING US IN OUR ENDEAVOR TO PROVIDE THE BEST SERVICE TO THE PEOPLE OF THE HIGHLAND FIRE DISTRICT.

SOCIALLY AND FIREMATICALLY

THE MEMBERS OF

HIGHLAND HOSE CO. NO. 1, Inc.

NAME: _____

LAST NAME: _____

HIGHLAND HOSE COMPANY NO. 1, INC.
PO BOX 521 HIGHLAND, NY 12528

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FOR MEMBERSHIP AS AN _____ MEMBER

ADDRESS: _____

PHONE: HOME: _____ WORK: _____ PAGER: _____

BIRTHDAY: ____ / ____ / ____ SS # ____ - ____ - ____

DO YOU HAVE A VALID NYS DRIVERS LICENSE: YES ____ NO ____

STATE: ____ LICENSE # _____ CLASS (S) _____

YOU MUST HAVE A VALID NEW YORK STATE DRIVER'S
LICENSE IN ORDER TO SUBMIT THIS APPLICATION

DO YOU OWN OR HAVE ACCESS TO A VEHICLE: YES ____ NO ____

NOTIFY IN EMERGENCY: _____ PHONE: _____

NOTIFY IN EMERGENCY: _____ PHONE: _____

EMPLOYER: _____

OCCUPATION: _____

WORK ADDRESS: _____ PHONE: _____

SUPERVISOR: _____ PHONE: _____

DO YOU HAVE ANY EXPERIENCE OR TRAINING IN FIREMATICS, FIRST AID OR
RESCUE WORK? YES ____ NO ____

IF YES, PLEASE EXPLAIN: _____

DO YOU HAVE ANY PERTINENT MEDICAL HISTORY OR CONDITIONS THAT COULD
HINDER YOUR ABILITY TO FUNCTION AS A FIRE FIGHTER?

YES ____ NO ____ IF YES, PLEASE EXPLAIN: _____

LAST NAME: _____

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WOULD YOU OBJECT TAKING A PHYSICAL EXAM? YES _____ NO _____
(PASSING A PHYSICAL EXAM IS AN OSHA REQUIREMENT)

WERE YOU EVER DISMISSED OR DISCHARGED FROM ANY EMPLOYMENT FOR REASONS OTHER THAN LACK OF WORK OR FUNDS. YES _____ NO _____

WERE YOU EVER CONVICTED OF ANY CRIME? (FELONY OR MISDEMEANOR)
YES _____ NO _____

HAVE YOU EVER SERVED IN THE U.S. ARMED FORCES? YES _____ NO _____
IF YES, ATTACH A COPY OF YOUR DD FORM-214. (DD-214 ATTACHED _____)

IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS PLEASE

EXPLAIN: _____

HAVE YOU EVER APPLIED FOR MEMBERSHIP IN THIS ORGANIZATION AND BEEN DENIED? YES _____ NO _____

IF SO, WHEN? _____

DO YOU HAVE PREVIOUS MEMBERSHIP IN A FIRE DEPARTMENT OR RESCUE SQUAD? YES _____ NO _____

IF YES, WHAT DEPARTMENT, INCLUDE STATE. _____

HIGHEST LEVEL OF EDUCATION COMPLETED. _____

BRIEFLY EXPLAIN, WHY YOU ARE INTERESTED IN BECOMING A MEMBER OF THE HIGHLAND HOSE COMPANY? _____

DO YOU UNDERSTAND THAT THE HOSE COMPANY IS A SOCIAL AND FIREMATIC ORGANIZATION AND THAT AS A MEMBER YOU WILL BE REQUIRED TO GIVE FREELY OF YOU TIME TO ATTEND ALARMS, DRILLS, MANDATORY TRAINING,

LAST NAME: _____

HIGHLAND HOSE COMPANY NO. 1, INC.
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DUTY NIGHTS, MEETINGS, COMMITTEES, WORK ON FUND RAISING AND OTHER SOCIAL EVENTS? YES _____ NO _____

I AFFIRM THAT THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND THAT FALSIFYING ANY ANSWER WILL INVALIDATE THIS APPLICATION AND ANY MEMBERSHIP AVAILABLE TO ME. I HEREBY AUTHORIZE THE HIGHLAND HOSE COMPANY, NO. 1 INC. AND THE HIGHLAND FIRE DISTRICT TO MAKE ANY INVESTIGATION OF MY BACKGROUND AS NECESSARY TO CONFIRM MY APPLICATION.

SIGNATURE: _____ DATE: _____

NO MEMBERSHIP APPLICATION FEE.

REFERENCES: (NOT RELATED TO YOU):

NAME: _____ PHONE: _____

ADDRESS: _____

NAME: _____ PHONE: _____

ADDRESS: _____

NAME: _____ PHONE: _____

ADDRESS: _____

NAME: _____ PHONE: _____

ADDRESS: _____

LAST NAME: _____