

# Altamont Fire Department

## Membership Application

*Instructions: Please type or print in ink all information requested on this form. Circle where necessary. If additional detail will be of value in answering these questions, use an additional sheet of paper. False or misleading statements may be cause for rejection or dismissal after appointment.*

Name: \_\_\_\_\_  
(Last Name) (Full Middle Name) (First Name)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: M F (circle)

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Driver License or State / Gov. Issues ID #: \_\_\_\_\_ U.S. Citizen: Yes No (circle)

Present Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

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Have you ever been convicted of any crime or offense of any degree other than traffic violations?  
Yes No (circle)

If you answered "Yes", please give full details on an additional sheet of paper.

Is there anything about your health or physical condition which you know of that might be aggravated, become health hazard, or handicap your work under Firefighter / Fire Police duties? Yes No (circle)

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Is there anything about your health or physical condition which you know of that might be aggravated, become health hazard, or handicap your work under Firefighter / Fire Police duties? Yes No (circle)

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

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Circle desired position:

Junior Firefighter (age 15-18)

Firefighter

Driver

Fire Police

List any experience:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

According to the by-laws of the Altamont Fire Department, a member must attend at least 35% of ALL YEARLY ACTIVITIES of this department. Are you willing to volunteer such time? Yes No (circle)

If granted membership by the Altamont Fire Department, are you willing to submit to a drug test and complete physical examination to verify you can physically perform the duties required of a member of the Altamont Fire Department? Yes No (circle)

APPLICATION FEE: \$2.00 (to be paid upon submission of application)

I certify that the statements made by me in this application are true, complete and correct. By signing below, I hereby apply for membership with the Altamont Fire Department, and if granted said membership, I hereby confirm that I will abide by and obey all the rules, regulations, Constitution and By-Laws of the Altamont Fire Department. I also agree by affixing my signature below to obey all order and demands that may be directed to me by the OFFICERS in command of the Altamont Fire Department after having taken the oath of said department.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### FOR INTERNAL USE ONLY

AFD Membership Committee

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Village of Altamont

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Mayor  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Trustee  
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\_\_\_\_\_  
\_\_\_\_\_ Trustee

☐ APPROVED ☐ DECLINED

Date: \_\_\_\_\_

☐ APPROVED ☐ DECLINED

Date: \_\_\_\_\_

### Emergency Contacts:

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (H): \_\_\_\_\_ (C): \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (H): \_\_\_\_\_ (C): \_\_\_\_\_

### Juniors Only:

List two references of individuals, not related, whom we may contact:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Years Acquainted: \_\_\_\_\_

Years Acquainted: \_\_\_\_\_

Parent/Guardian Signature:

I, \_\_\_\_\_ as Parent or legal Guardian of \_\_\_\_\_ Do  
hereby give permission for my child to participate in the Altamont Fire Department's Junior  
Firefighter program.

Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## Release of Information

I hereby request and authorize you to furnish the Altamont Fire Department with any and all information they may request concerning my work record, educational history, military record, criminal record, general reputation and past or present medical conditions. This is to include, but not limited to, performance records, disciplinary records, mental psychological or psychiatric evaluations, records or tests and medical records. This authorization is specifically intended to include any and all information of a confidential or privileged nature as well as photocopies of such documents, if requested. This information will be used for the purpose to determine my eligibility for membership with the Altamont Fire Department.

I hereby release you and your organization from any liability which may or could result from furnishing the information requested above or from any subsequent use of such information in determining my qualifications to serve as a member of the Altamont Fire Department. This request for information will expire 90 days from the date signed.

Reproductions or facsimile of this authorization shall be considered as effective and valid as the original.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_