



APPLICATION FOR MEMBERSHIP

GENERAL INFORMATION

Full Name: _____
Address: _____
City: _____ State: _____ ZIP Code: _____
Phone (home): _____ Phone (mobile): _____
Email: _____ Date of Application: _____
SSN: _____ Height: _____

EMERGENCY CONTACT INFORMATION

Full Name: _____
Phone (home): _____ Phone (mobile): _____
Relationship: _____

PERSONAL INFORMATION

Are you a citizen of the United States? Yes No US Permanent Resident

If not, are you eligible to work in the United States? Yes No

Do you currently possess a NYS Driver's License? Yes No

State: _____ Driver's License Number: _____ Expiration Date: _____



Garden City Fire Department **VOLUNTEER TODAY!**

EMPLOYMENT HISTORY

PLEASE LIST YOUR CURRENT EMPLOYER INFORMATION

Company Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Supervisor: _____

Phone: _____ Email: _____

Your Position: _____ Working Hours: _____

How long have you been with this employer? _____

Your Duties:

PLEASE LIST YOUR EMPLOYMENT HISTORY FOR THE PAST FIVE YEARS

Company Name: _____

Address: _____

Supervisor: _____ Phone: _____

Start Date: _____ End Date: _____

Reason for Leaving:



Company Name: _____

Address: _____

Supervisor: _____ Phone: _____

Start Date: _____ End Date: _____

Reason for Leaving:

Company Name: _____

Address: _____

Supervisor: _____ Phone: _____

Start Date: _____ End Date: _____

Reason for Leaving:



Garden City Fire Department

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EDUCATION

Name of High School: _____

Did You Graduate? Yes No

Name of College: _____

Did You Graduate? Yes No In Progress

Degree Earned: _____

Name of Graduate School: _____

Did You Graduate? Yes No In Progress

Degree Earned: _____

If you are presently not enrolled in college, do you have any plans to enroll in a local college or university?

Yes No

MILITARY SERVICE

Have you ever served in the Armed Forces of the United States? Yes No

If yes, what Branch: _____ Years of Service: _____

Discharge Status: _____ Reserve Status: _____

Did you receive any special training that may be applied to firefighting? Yes No

If yes, please indicate: _____



FIRE DEPARTMENT SERVICE

Have you ever been a member of another paid or volunteer fire department? Yes No
If yes, which Department: _____ Years of Service: _____
Reason for Leaving: _____

PERSONAL REFERENCES

PLEASE LIST THREE REFERENCES WHOM WE MAY INQUIRE AS TO YOUR CHARACTER:

Full Name: _____
Address: _____
Relationship: _____ Phone: _____

Full Name: _____
Address: _____
Relationship: _____ Phone: _____

Full Name: _____
Address: _____
Relationship: _____ Phone: _____



Garden City Fire Department **VOLUNTEER TODAY!**

PLEASE LIST ANY MEMBER OF THE GARDEN CITY FIRE DEPARTMENT WHO CAN ATTEST TO YOUR CHARACTER:

Full Name: _____

Full Name: _____

Have you ever submitted applications to any other volunteer fire departments? Yes No

If so, which department(s)? _____

Please write a brief statement as to why you want to join the GCFD

How did you hear about us? Website Brochure Poster Friend Other

BACKGROUND INFORMATION

Have you ever been convicted of a crime? Yes No

If yes, what was the charge/final court disposition? _____

Are there any violations noted on your current drivers license? Yes No

If yes, please provide disposition: _____



Do you have a registered automobile or have one available to you? Yes No

Do you have any fear of height or confined space, or do you have any other condition that would impact your ability to perform the duties of a firefighter? Yes No

Prior to acceptance to the Garden City Fire Department, applicants are required to undergo a physical examination by a physician, designated by the department, to determine the applicant's ability to perform the duties of an interior, structural firefighter. If it is determined that you are NOT physically qualified to perform the duties of an interior structural firefighter are you willing to take whatever reasonable steps necessary to become physically qualified. Yes No

SUBMIT Application for Membership to GCFD

- **SAVE & PRINT a copy of this PDF for your records.**
- **Have pages 8 and 9 notarized.**
- **Bring entire form to your interview.**

- **Click the SUBMIT button below to send pages 1-7 to the Membership Department of GCFD for consideration.**



I, _____, hereby swear that: I have read the forgoing questions and have fully, truthfully, and accurately answered the same. The foregoing answers and information are true to my knowledge, except if made on the basis of information and belief, and as to such answers, I believe them to be true and accurate.

I understand that intentionally omitting or misrepresenting any material fact called for in this application or in subsequent inquiries in connection with application constitute grounds for immediate discharge. I give permission to the GARDEN CITY FIRE VOLUNTEER DEPARTMENT, INC. to make any investigation relative to consideration of my qualification of membership in the GARDEN CITY VOLUNTEER FIREDEPARTMENT INC. and will fully cooperate in any such investigations.

I do hereby make application for membership to the GARDEN CITY VOLUNTEER FIRE DEPARTMENT, INC. and if elected, do solemnly pledge myself to obey all lawful orders of my superiors, to be amenable to discipline and to hold myself bound in order to conform and abide by, in every respect the by-laws and code and general orders of the GARDEN CITY FIRE DEPARTMENT, INC. in order to protect the lives and property of the Village of Garden City.

I, also herby give my permission to the GARDEN CITY VOLUNTEER FIRE DEPARTMENT, INC to examine and copy all records, in my name pending my membership. This includes but not limited to school records, employment records, medical records, military records, motor vehicle, police and/or court records.

I hereby absolve anyone of any responsibility in giving my records to an authorized officer of the GARDEN CITY VOLUNTEER FIRE DEPARTMENT, INC.

Signature of Applicant

Date

STATE OF NEW YORK

COUNTY OF _____) SS:

ON THIS THE _____ DAY OF _____, 20____ BEFORE ME PERSONALLY CAME _____ TO ME KNOWN TO BE THE INDIVIDUAL DESCRIBED IN AND WHO EXECUTED THE FORGOING INSTRUMENT AND ACKNOWLEDGED THAT HE EXECUTED THE SAME .

Notary Public



RELEASE OF INFORMATION

I, _____, hereby authorize the Nassau County Police Department to perform an arrest records check of me and authorize the release of this information directly to the above named fire department.

In addition, I also agree to release any and all persons and legal entities from any and all liability arising out of the release of the records described herein to the parties' specified herein.

I am aware that this instrument may be photocopied in its use and hereby acknowledge the validity of my signature on such duplicated copy.

Signature of Applicant _____
Date

APPLICATION INFORMATION

Full Name: _____
Address: _____
City: _____ State: _____ ZIP Code: _____
Date of Birth: _____

STATE OF NEW YORK

COUNTY OF _____) SS:

ON THIS THE _____ DAY OF _____, 20____ BEFORE ME PERSONALLY CAME _____ TO ME KNOWN TO BE THE INDIVIDUAL DESCRIBED IN AND WHO EXECUTED THE FORGOING INSTRUMENT AND ACKNOWLEDGED THAT HE EXECUTED THE SAME.

Notary Public



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THIS PAGE IS FOR FIRE DEPARTMENT USE

MEMBERSHIP COMMITTEE INTERVIEW DATE: ____/____/____

RECOMMENDED TO COUNCIL: _____

COMMENTS:

SIGNATURES:

DATE INTERVIEWED BY COUNCIL: ____/____/____

RECOMMENDED FOR MEMBERSHIP: _____

FIRST READING ____/____/____

SECOND READING: ____/____/____

ELECTED BY DEPARTMENT: ____/____/____

DATE SWORN IN: ____/____/____

COMPANY ASSIGNMENT: _____

BADGE NUMBER: _____

(Place recent photo here)

FOR DEPARTMENT USE ONLY	
DATE POSTED:	____/____/____
ARSON CHECK SENT:	____/____/____
FIRST READING	____/____/____
SECOND READING	____/____/____

