

# Storm King Fire Engine Company #2

P.O. Box 333

Cornwall-on-Hudson, NY 12520

845.534.2841 office 845.534.3428 fax

www.stormkingfire.org

## **APPLICATION FOR JUNIORMEMBERSHIP**

(UNDER THE AGE OF 18)

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

**APPLICATION FEE: \$5.00**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (If different): \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Sex:  Male  Female Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_

Blood Type: \_\_\_\_\_ U.S. Citizen:  Yes  No

Social Security Number: \_\_\_\_\_ Religious Preference: \_\_\_\_\_

Driver License Number: \_\_\_\_\_ Issuing State: \_\_\_\_\_ Class: \_\_\_\_\_

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

Primary Beneficiary: \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No (If "YES" Provide Details)

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

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Please provide two character references, other than members of Storm King Fire Engine Company #2, or relatives.

Name	Address	Relationship	Years Known
_____	_____	_____	_____
_____	_____	_____	_____

Please explain your reasons for wanting to join this Company? \_\_\_\_\_

Are you currently, or have you ever been a member of any other fire department?  Yes  No

If yes, Name: \_\_\_\_\_ Location: \_\_\_\_\_

## Declaration

By affixing our signatures below, We the undersigned and certify that; the statements contained within this application are accurate and true to the best of our knowledge and belief. We have reviewed the documents attached to this application and understand that they represent only a portion of the Constitution and By-laws of the organization. Furthermore, we understand that if selected for membership, the member will obey the rules of, and conform to the Constitution and By-laws, and submit to the authority of the Officers of the Company. Additionally, the applicant if approved for membership, promises to faithfully serve the Company and promote its interests at all times. We understand that should any of the information contained in this document be found to be false, the Member may be subject to immediate dismissal from the Company.

\_\_\_\_\_  
(Signature of Applicant) \_\_\_\_\_ (Date)

\_\_\_\_\_  
(Signature of Parent or Legal Guardian) \_\_\_\_\_ (Date)

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## PARENT OR LEGAL GUARDIAN CERTIFICATION

Prior to any action on this application you are required to meet with your child before the Board of Review of Storm King Fire Engine Company #2. At this meeting the attached materials will be reviewed in detail and information pertaining to the responsibilities of membership will be reviewed.

I \_\_\_\_\_, the Parent/Legal Guardian of the applicant whose name appears on this application, certifies that I have appeared before the Board of Review of Storm King Fire Engine Company # 2; I have reviewed the Article XII of the By-laws of the Organization; I fully understand the responsibilities of membership for my child/ward in the Company. By affixing my signature below authorize this application to be submitted for consideration.

\_\_\_\_\_  
(Signature of Parent/Legal Guardian)

\_\_\_\_\_  
(Date)

## Approved for Consideration By:

\_\_\_\_\_  
President, Storm King Fire Engine Company #2

\_\_\_\_\_  
Date

## Medical Review

I have reviewed the findings of the physical examination, now on file, dated \_\_\_\_\_ and concur with the medical findings that the applicant is / is not qualified for membership.

\_\_\_\_\_  
Signature of Medical Officer

\_\_\_\_\_  
Date

## Trustees Recommendation

Comments:

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We have reviewed this application and in accordance with the By-laws of the Company, take the following actions

Approve For Membership

Rejected For Membership

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

## Signature of Trustees

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