Croghan Volunteer Fire Department

PO Box 405
Croghan, NY 13327

Application for Membership

Part I. To be completed by the applicant

1. Applicant's Name_____
2. Date of Birth_____
3. Phone # _____
4. Cell Phone(optional)_____
5. Physical Address_____
6. Mailing Address_____
7. Beneficiary_____
8. NYS drivers license ID #_____   Class _____
9. Have you ever been a member of another fire department or EMS agency? _____
10. If yes, please list_____

Part II. To be signed by two active members of the Croghan Volunteer Fire Department.

(or you may submit a letter of recommendation from past department)

_____   _____

Sponsor signature   Sponsor signature

Part III. To be read and signed by the applicant

By submitting my application for membership to the Croghan Fire Department, I agree to abide by all of the rules and regulations pertaining to the department as set forth by its bylaws and standard operating procedures. I realize that if accepted, I will be on probation for a period of one year to begin at the date of my election, All members will

- Successfully complete a county physical prior to participating in Training or Emergency Activities
- Undergo a criminal background check by the department
- Undergo review of DMV Driver License Record by Department prior to being eligible for drivers list.
- **Complete a minimum of 15 hours of OSHA Training within one year of attaining membership.

To be considered an active member of the Croghan Fire Department, members must meet the following annual requirements

- Attend a minimum of 10% of calls
- Complete a minimum of 8 hours of OSHA department training
- Attend a minimum of 5 department meetings
- Serve as department officer or serve on one committee

_____   _____   _____

Applicant signature   Date   (Parent Signature if applicant under 18 yrs)

Part IV. For Department use only:

Orientation completed   ☐   Background Criminal Check completed ☐

Voted on (approved) on _____

Application revision date 1/2016