



BALLSTON LAKE FIRE DEPARTMENT

1125 Ballston Lake Road

Ballston Lake, NY 12019

518-399-5152

info@ballstonlakefire.com

Application for Membership

Date: ____/____/____

Last Name: _____ First Name: _____ MI: ____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: (____)____-____ Other Phone: (____)____-____

Email Address: _____

How Long have you resided at the above address? ____ Years ____ Months

How Long have you resided in New York State? ____ Years ____ Months

Are you 18 years of age or older? Yes No *If no, how old are you?* _____

Is additional information about a change in your name or your use of an assumed name or nickname necessary to enable a check on your eligibility for membership? Yes No *If "yes", explain* _____

Are you currently employed? Yes No

If yes, May we contact employer as a reference? Yes No

Employer Name: _____ Phone Number: _____

Employer Address: _____

Do you have a valid drivers license? Yes No

Please indicate your availability to participate in department activities (meetings, drills, emergency calls)

	Morning	Afternoon	Evening
Weekdays			
Weekends			

Continued →

Have you had any previous emergency services experience? Yes No

If yes, please list Agency and Contact Information:

Have you ever been a member of the United States Armed Forces? Yes No

If yes, please list service branch and dates of service below

If yes, did you receive a dishonorable discharge? Yes No

*** A Dishonorable discharge is not a bar from membership. This and other factors are considered when making membership decisions***

Have you ever been convicted or pled guilty to a felony, misdemeanor, insurance fraud, arson, or a reduction of one of these offenses? Yes No

*** If yes, please list details below***

Please list three personal references, Other than members of this organization, who have known you for at least 3 years.

Reference #1

Name: _____ Address: _____

Phone Number: (_____) _____ - _____

Reference #2

Name: _____ Address: _____

Phone Number: (_____) _____ - _____

Reference #3

Name: _____ Address: _____

Phone Number: (_____) _____ - _____

List any acquaintances that are members of this organization:

OSHA regulations require that you pass a physical examination before becoming an interior structural firefighter. The department's designated physician will provide you with a free medical examination. Will you be willing to undergo a medical examination? Yes No

Additional Details: _____
