

# HARRIMAN ENGINE CO. NO. 1 INC.

2 S. MAIN STREET - P.O. Box 26  
HARRIMAN, NY 10926  
845-783-1120

[www.HARRIMANFD.com](http://www.HARRIMANFD.com)

## APPLICATION FOR MEMBERSHIP

OFFICER PLEASE FILL OUT

DATE OF APPLICATION REQUEST: \_\_\_\_\_

TYPE OF MEMBERSHIP REQUEST: FIREFIGHTER\_\_\_\_ FIRE POLICE\_\_\_\_ MINOR MEMBER\_\_\_\_  
ADMINISTRATIVE SUPPORT\_\_\_\_\_

APPLICANT PLEASE PRINT OR TYPE

FULL NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ D.O.B. \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ APT# \_\_\_\_\_

VILLAGE – TOWN : \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

MAILING ADDRESS IF DIFFERENT FROM STREET ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

SOCIAL SECURITY#: \_\_\_\_\_ YEARS LIVED AT ADDRESS: \_\_\_\_\_

DRIVERS LICENSE #: \_\_\_\_\_ CLASS OF LICENSE: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_ CELL PHONE #: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ PHONE#: \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

CONTACT # DAY: \_\_\_\_\_ CONTACT # NIGHT: \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

CONTACT # DAY: \_\_\_\_\_ CONTACT # NIGHT: \_\_\_\_\_

PHYSICAL HEALTH: GOOD\_\_\_\_ FAIR\_\_\_\_ POOR\_\_\_\_

DO YOU HAVE A POLICE RECORD: YES NO ( please explain on the back of this sheet )

DO YOU HAVE A TRAFFIC RECORD: YES NO ( please explain on the back of this sheet )

HAVE YOU BEEN A MEMBER IN ANY OTHER VOLUNTEER ORGANIZATION: YES NO

FOR HOW LONG: \_\_\_\_\_ WERE YOU A MEMBER IN GOOD STANDING: YES NO

NAME OF ORGANIZATION: \_\_\_\_\_ TYPE: \_\_\_\_\_

PERSON IN CHARGE: \_\_\_\_\_ TITLE: \_\_\_\_\_

APPLICATION FOR MEMBERSHIP CONTINUED

**DO YOU HAVE ANY TRAINING OR SKILLS USEFUL TO THE FIRE SERVICE: YES NO**

**EXPLAIN:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE ATTACH TRAINING CERTIFICATES**

APPLICANT PLEASE READ AND SIGN

**To the best of my knowledge, all above statements are true and accurate, and at this time, give my permission for the Harriman Engine Company to check and verify all information provided herein. Any false statements made by myself may lead to rejection of this application without notice. If any falsification is found after acceptance to membership may lead to immediate expulsion from the company.**

**APPLICANT NAME PRINTED:** \_\_\_\_\_

**APPLICANT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**THIS APPLICATION REQUIRES THREE SPONSORING MEMBERS:**

ID# \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

ID# \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

ID# \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

OFFICER PLEASE FILL OUT

**DATE APPLICATION RECEIVED BY COMPANY:** \_\_\_\_\_

**DATE PRESENTED AT MONTHLY MEETING:** \_\_\_\_\_

**DATE INTERVIEWED BY OFFICERS:** \_\_\_\_\_ **RECOMMENDED FOR MEMBERSHIP: YES NO**

**DATE VOTED ON BY MEMBERSHIP:** \_\_\_\_\_ **APPROVED FOR MEMBERSHIP: YES NO**

**DATE VOTED ON BY VILLAGE BOARD:** \_\_\_\_\_ **APPROVED FOR MEMBERSHIP: YES NO**

Original copy stays with the company in a folder created for the applicant. After presentation to the company but before the officer interview a copy will be sent to the Village PD for a license and criminal check. That copy once returned stamped by the Village PD will then be forwarded to the Village Board, if the application is approved by the membership at a monthly meeting by two thirds vote. If the application is for a minor membership a permission slip shall be provided and must be filled out completely and signed by a legal guardian with a copy of their license attached.