

**APPLICATION FOR MEMBERSHIP TO
FIRE INVESTIGATING VOLUNTEERS OF SCHOHARIE COUNTY**
OFFICE OF COUNTY FIRE COORDINATOR
2783 STATE ROUTE 7 COBLESKILL, NY 12043
LIMITED TO REGULAR MEMBERS OF SCHOHARIE COUNTY FIRE DEPARTMENTS ONLY

ANY FALSE INFORMATION MAY VOID THE APPLICATION

Name: _____ Social Security Number _____

Address _____ Zip Code _____

Town of _____ Village of _____ State _____

County _____ Birth Date _____ Phone No. _____

E-Mail _____

Date of Application _____ NY Training I.D. Number _____

What Volunteer Fire Dept. are you presently a member of _____

How Long _____ When Joined _____ Offices Held _____

NY State Fire Training courses required for admittance into FIVES Team:

Firefighter 1 or Equivalent _____

Fire Behavior & Arson Awareness _____

Principles of Fire Investigation _____

Attach any other NYS Courses or Fire Investigation related certificates.

Do you presently hold a NY state drivers license _____ Class _____

Expiration Date _____ Do you own a vehicle _____ List below misdemeanor arrests in the last five years _____

List felony arrests _____ list felony convictions _____

Give date and courts _____ List last two employers and dates of employment _____

Give names of two character references other than firefighters, blood relation and or current employers _____

List present occupation _____ Hobbies _____

_____ Do you wear corrective lens _____ Are you color blind _____

To what degree _____ Do you have any permanent disabilities _____ What degree _____

Allergies _____ Are you afraid to climb a ladder _____ Do you have high blood pressure _____

Any form of heart disease _____ Have you ever been overcome by carbon monoxide _____

Do you have any breathing problems _____ Blood type _____ Name of family doctor or

clinic _____ Diabetes _____ Epilepsy _____

Are you required to use prescription drugs _____

Do you use drugs of any kind on a continuous basis _____

I hereby certify that the information given is true and correct to the best of my knowledge. (for both parties)

Fire Dept. Officers attest 1. _____

2. _____

Print name of applicant (All county owned property **must** be returned on separation from FIVES.

_____ Applicant Signature _____

-FOR OFFICE USE ONLY-

Investigation Committee 1 _____

Date received _____ 2 _____

By _____ 3 _____

Committee recommends _____

Final action by FIVES

Application admitted _____
(date)

Rejected _____
(date)

Identification card issued _____ Training Record _____