

**APPLICATION FOR MEMBERSHIP TO  
HAZARDOUS MATERIALS RESPONSE TEAM OF SCHOHARIE COUNTY  
OFFICE OF COUNTY FIRE COORDINATOR  
2783 STATE ROUTE 7 COBLESKILL, NY 12043**

LIMITED TO ACTIVE PERSONNEL OF SCHOHARIE COUNTY EMERGENCY RESPONSE AGENCIES ONLY

**ANY FALSE INFORMATION MAY VOID THE APPLICATION**

Name: \_\_\_\_\_ NY Training ID # \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Town of \_\_\_\_\_ Village of \_\_\_\_\_ State \_\_\_\_\_

County \_\_\_\_\_ Birth Date \_\_\_\_\_ Phone No. \_\_\_\_\_

E-Mail \_\_\_\_\_

Date of Application \_\_\_\_\_

What Volunteer Fire Dept. are you presently a member of \_\_\_\_\_

How Long \_\_\_\_\_ When Joined \_\_\_\_\_

Do you presently hold a NY state drivers license \_\_\_\_\_ Class \_\_\_\_\_?

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

List felony arrests \_\_\_\_\_ list felony convictions \_\_\_\_\_

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 Haz Mat Team.

\_\_\_\_\_ Applicant Signature

Final action by Haz Mat Team

Application admitted \_\_\_\_\_ (DATE) \_\_\_\_\_

