

**APPLICATION FOR MEMBERSHIP TO
SEARCH & RESCUE TEAM OF SCHOHARIE COUNTY
OFFICE OF COUNTY FIRE COORDINATOR
2783 STATE ROUTE 7 COBLESKILL, NY 12043**

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 S&R Team.

_____ Applicant Signature _____

Final action by S&R Team

Application admitted _____
(Date)