



New Windsor Fire Department, Inc.

Quassaick Fire Engine Company
Quassaick Bridge Fire District
275 Walsh Ave
New Windsor, NY 12553
Company office 845-565-6048
District offices 845-562-3660



APPLICATION FOR MEMBERSHIP

Application **MUST** be Accompanied by a \$15.00 Fee

Complete this Application in blue or black ink only.

All requested information must be furnished. The information you give will be investigated and used to determine your qualifications for membership. It is important that you answer all questions on this application fully and accurately failure to do so may delay or deny membership opportunities.

Type of Membership Applying For: Active Firefighter _____ Junior Firefighter _____ Honorary Member _____

Name: _____ Date: _____

Address: _____ Town: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Additional Phone: _____

Date of Birth: _____ Age: _____ Gender: _____ Soc.Sec. # _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color _____

E-mail: _____ Blood Type: _____ Allergies: _____

Drivers License Id # _____ State of Issue: _____ Exp. Date: _____

Quassaick Bridge Fire District Rules and Regulation require that the Driver's Licenses of all Active and Junior members of the fire department be checked through the NYS Dept. of Motor Vehicles Lens Program for convictions and validity.

ARE YOU A CITIZEN OF THE UNITED STATES OF AMERICA ? _____ YES _____ NO

If you answer no, According to the by laws of the New Windsor Fire Department, we cannot accept this Application.

Occupation: _____

Employer: _____ Supervisor: _____

Address: _____ Town: _____ State: _____ Zip Code: _____

Employer's Telephone: _____ May we contact your employer ? Yes _____ No _____

Name of High School or College: _____

Address: _____ Town: _____ State: _____ Zip Code: _____

Highest grade completed : _____ Year Graduated: _____

Guidance Counselor Name: _____

Do you possess any Degrees ? _____

Do you possess any special skills: _____

List any Other organizations you belong to: _____

As an applicant, All Active and Junior members MUST take and pass a complete physical examination as required by the Quassaick Bridge Fire District.

Have you any Physical handicap, Chronic Disease or any other disability which would prevent you from performing your duties as a Fire Fighter? _____ YES _____ NO If yes Please Explain. _____

Have you ever been a member of another fire department : Yes _____ No _____

Department Name: _____ Contact Name: _____

Address: _____ Town: _____ State: _____ Zip Code: _____

Have you had any previous fire fighting training, Please list (if NYS certificates, please attach)

NYS Executive Law section 837- O requires Fire Departments to search for Arson Conviction Records of all proposed new applicants.

Have you ever been convicted of a crime (this includes traffic infractions) Please list

List three (3) persons who are not related to you who may be contacted and have knowledge of you and your qualifications for membership.

1. Name: _____ Phone # : () _____

Address: _____ Town: _____ State: _____ Zip Code: _____

2. Name: _____ Phone # : () _____

Address: _____ Town: _____ State: _____ Zip Code: _____

3. Name: _____ Phone # : () _____

Address: _____ Town: _____ State: _____ Zip Code: _____

Emergency Contact

Name: _____ Relationship: _____

Address: _____ Town: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Additional Phone: _____

I _____, here by make this application for membership in the
New Windsor Fire Department, Inc. Quassaick Fire Engine Company.

I have been a resident of the Quassaick Bridge Fire District for six (6) months prior to this application.

I understand the responsibility of this organization to the members and the community that if accepted, I shall abide
by the By – Laws and rules and regulations of said organization and support name.

Any false or dishonest answers to any question maybe grounds for rating me ineligible for membership or for
expelling me after being elected into membership.

Signature of applicant _____ Date: _____

The following is to be completed if applying for Junior Firefighter Membership and shall be signed in witness of the
New Windsor Fire Department, Inc. Investigating Committee

Junior Firefighter Parental Consent

I, _____ Being the Parent / Guardian
of _____ do herby give my consent for his / her
membership in the New Windsor Fire Department, Inc. Quassaick Bridge Fire District .

Signature _____ Date: _____

Printed Name _____

To be completed by the New Windsor Fire Department

Date Proposed into Membership _____ Proposed By: _____

Date of Investigating Committee Meeting: _____ Approved _____ Disapproved _____

Date elected into company _____ Arson Background Check: Approved _____ Disapproved _____

Firefighter's Physical: Approved _____ Disapproved _____

Signature's of Investigating Committee

1. _____ ID # _____
2. _____ ID # _____
3. _____ ID # _____
4. _____ ID # _____
5. _____ ID # _____

Signature's of Board of Fire Commissioners

1. _____ ID # _____
2. _____ ID # _____
3. _____ ID # _____
4. _____ ID # _____
5. _____ ID # _____

NOTES: