



Cragmoor Volunteer Fire Co., Inc.

P.O. Box 155
66 Sam's Point Road
Cragmoor, New York 12420
APPLICATION FOR MEMBERSHIP

Name _____ Date _____

Address _____

Date of Birth _____ Sex _____

Home Telephone Number _____ Work Telephone _____

Occupation _____ Title _____

Employer _____ Address _____

Driver's License Number _____

Social Security Number _____

Have you belonged to any other Fire Co.? _____ Where? _____

Did you hold any Office? _____ What Office did you hold? _____

Have you had any previous Fire Fighting Training? _____

Location _____ Date _____

What kind of courses? _____

If available, would you be able to attend the New York State Fire Training Program? _____

Do you belong to any other organizations? _____

Any special skills? (typing, carpentry, first aid, etc.) _____

Have you ever been convicted of arson? _____ Any other felony? _____

I, _____ hereby make application for membership in the Cragmoor Volunteer Fire Company, Inc. I understand the responsibility of this Organization to the members and the community, that if accepted, I shall abide by the By-Laws of said Organization and the rules and regulations of the Cragmoor Fire District and will support the same.

Proposed by: _____

Signature of Applicant: _____

Must also be signed by Parent or Legal Guardian if applicant is under 18 (eighteen) years of age. _____

MEDICAL HISTORY

Name of Family Doctor (if any) _____

Address _____

Blood Type _____

Are you allergic to Penicillin _____

Bee Stings _____

Other _____

Are you Diabetic _____ If so, type _____

Medication maintained on _____

Are you epileptic _____ If so, type _____

Do you wear contact lenses _____

Have you had any heart disease _____ If so, state type _____

Have you had any lung disease _____ If so, state type _____

Is your hearing level normal _____

Do you wear glasses _____

Do you have high blood pressure _____

Do you have low blood pressure _____

Have you been vaccinated for Hepatitis B _____

Do you choose to be vaccinated for Hepatitis B _____

Date _____ Age _____

Signature _____

Investigating Committee Report

**Cragsmoor Fire District
Commissioners**

I understand that due to my occupational exposure to blood or other potential infectious materials I may be at risk of acquiring Hepatitis B Virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to me. However, I decline Hepatitis B vaccination at this time.

I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future, I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Please Print Name _____

I.D. # _____

Members Signature _____

Date _____