



Glenham Fire District

PO Box 191, 76 Old Glenham Road, Glenham, NY 12527

Phone: 845.831.2322 Fax: 845.831.5480

APPLICATION FOR MEMBERSHIP WITH A FIRE DEPARTMENT

(THIS APPLICATION MUST BE SIGNED BY THE APPLICANT AND AN OFFICER OF THE ABOVE LISTED FIRE DEPARTMENT)

PERSONAL INFORMATION: (Please CLEARLY PRINT all information)

NAME: _____
(Last) (First) (Middle initial)

MAIDEN NAME OR OTHER NAMES KNOWN BY: _____

DATE OF BIRTH _____ PLACE OF BIRTH: _____
(MMDDIYYYY) (CITY) (STATE) (COUNTY)

CURRENT ADDRESS _____:

CITY: _____ STATE: _____ ZIP: _____

PREVIOUS ADDRESS: (If present address is less than five years) _____

CITY: _____ STATE: _____ ZIP: _____

SOCIAL SECURITY NUMBER: _____

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DRIVER'S LICENSE NUMBER: _____
(State) (Number) (Expiration Date)

AUTHORIZATION:

I hereby authorize the Dutchess County Sheriff's Office, Detective Division to conduct a background check for Arson and any offense requiring registration as a sex offender for my application for a position of Volunteer with the above-named Fire Department. Such inquiry will be conducted as outlined in the Rules and Regulations of the Dutchess County Sheriff's Office for background checks for positions of Volunteer with the fire departments in Dutchess County.

(Applicant's signature)

(Clearly PRINT Name)

(Date)

WITNESSED BY: ("Witness" must be an Officer of the above listed Fire Department)

(Fire Department Officer's Signature)

(Clearly PRINT Name)

(Date)