



**QUAKER SPRINGS FIRE DEPARTMENT  
YOUTH FIREFIGHTER PROGRAM  
APPLICATION FOR MEMBERSHIP  
(14 to 16 years of age)**

Date: \_\_\_\_\_

Last name, first name, MI: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: home: \_\_\_\_\_

cell: \_\_\_\_\_

How long have you resided at the above address? years: \_\_\_\_\_ months: \_\_\_\_\_

How long have you resided in New York State? years: \_\_\_\_\_ months: \_\_\_\_\_

Have you ever been convicted or plead guilty to a felony, misdemeanor, insurance fraud, arson or a reduction of one of these offenses? yes: \_\_\_\_\_ no: \_\_\_\_\_  
If yes, provide details on a separate sheet of paper.

List three references, other than members of this organization or relatives, who have known you for at least 3 years.

name	address	telephone #
_____	_____	_____
_____	_____	_____
_____	_____	_____

List the names of any acquaintances that are members of this organization.

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You are required to submit \$2.00 annual dues with this application. If for any reason this application is rejected, your money will be returned to you.

**A parent or guardian must read and sign this application.**

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page 2

WITHIN THE FREEDOM OF INFORMATION LAW, ALL INFORMATION CONTAINED OR OBTAINED HEREIN WILL REMAIN CONFIDENTIAL AND WILL BE USED FOR INTERNAL MEMBERSHIP PROCESSING ONLY.

IN WITNESS WHEREOF, THIS APPLICATION HAS BEEN SUBSCRIBED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_ BY THE UNDERSIGNED APPLICANT WHO AFFIRMS THAT THE STATEMENTS MADE HEREIN ARE TRUE UNDER THE PENALTIES OF PERJURY.

APPLICANT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

SPONSERED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

**PRIVACY NOTIFICATION**

Section 94 of the Public Officers Law (Personal Privacy Protection Law) requires that you be notified of the following facts when information which will be maintained in a record system is collected from you.

The authority to request and confirm personal information about you is found in Article 6 of the Executive Law.

The information obtained will:

- Be used to determine your qualifications for the Youth Firefighter program
- Be released to the Fire Chief and your potential supervisors
- Be maintained in your personnel file (if you become a Youth Firefighter) or in our resume file for six months (if you do not become a Youth Firefighter).

Failure to provide the information or authorization will result in your application not being considered for entry into the Youth Firefighter program.

The information will be maintained by the Secretary of the Quaker Springs Fire Department, 107 Blodgett Road, Schuylerville, NY 12871, (518) 584-3349.

**QUAKER SPRINGS FIRE DEPARTMENT**  
**107 Blodgett Road**  
**Schuylerville, NY 12871**

**APPLICANT'S AUTHORIZATION FOR RELEASE OF INFORMATION**

In order to confirm the information I supplied on my application for membership with the Quaker Springs Fire Department Youth Firefighter Program, I authorize all licensing agencies, educational institutions, law enforcement agencies, present and former employers and the military services to disclose their relevant records about me to the Quaker Springs Fire Department whether the information be of public, private or confidential nature; and I release them from any liability and responsibility from doing so.

This authorization, in original copy form, shall be valid for this and any future information, reports or updates that may be requested.

I understand that this form will accompany requests for official documents and confirmation of my credentials.

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Applicant name (please print)

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Applicant signature

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Date

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Applicant's parent or guardian name (please print)

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Applicant's parent or guardian signature

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Date

for Quaker Springs Fire Department use only

**Secretary's endorsement:**

This application, accompanied by the dues of \$2.00 was received and read at the \_\_\_\_\_, 20\_\_\_\_ meeting of the Quaker Springs Fire Department.

Secretary: \_\_\_\_\_

**Fire Company's report:**

Date: \_\_\_\_\_

The Quaker Springs Fire Department accepted \_\_\_\_\_ / rejected \_\_\_\_\_ the application of \_\_\_\_\_ at our meeting held on \_\_\_\_\_(date).

The vote was as follows:

Yes: \_\_\_\_\_ No: \_\_\_\_\_

President or presiding officer: \_\_\_\_\_