



Dryden Fire Department

Neptune Hose Company No. 1 of Dryden, Inc.
Dryden Ambulance, Inc.
P.O. Box 397 • 26 North Street
Dryden, New York 13053-0397
(607) 844-8124 • Fax: (607) 844-3249
E-Mail - DFD@dryden.org



APPLICATION FOR MEMBERSHIP

NAME OF APPLICANT: _____ DATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

OCCUPATION (Enter Student if attending school): _____

EMPLOYER (or school if student): _____

EMPLOYER ADDRESS: _____

CONTACT INFORMATION: Home #- _____ Work-# _____

E-Mail: _____

RESIDENT OF DRYDEN SINCE: _____ PLAN TO STAY: _____

PLEASE INDICATE THE TYPE OF SERVICE YOU WISH TO PROVIDE TO THE DEPARTMENT:

Fire Suppression _____	Public Education _____	Ambulance _____
Fire Ground Support _____	Training _____	Driver: _____
Fire Prevention _____	Ambulance/Emergency _____	
Fire Police _____	Medical Services _____	

Current Licenses (EMT, Paramedic, etc.) _____

If you have ever applied to or have been a member of a Volunteer Emergency Service Organization, please list below: company name, location, telephone, name of chief officer, date of separation and reason for leaving:

BACKGROUND INFORMATION:

Have you ever been convicted of a felony: _____ If yes, please indicate date, charge, location, court and disposition:

(Please note that a conviction does NOT represent an automatic bar to membership. Each case is considered and evaluated on an individual basis in relationship to the duties and responsibilities you would perform as a member.)

REFERENCES: Please list names, addresses and telephone numbers of people who are not related to you (Preferably a contact from the Dryden area that is affiliated with the department, an employer, a professor/ teacher etc.):

(1). _____

(2). _____

I do hereby warrant that I have not withheld any information that would influence the judgment of the company in considering this application. I agree, if accepted to the probationary status, to abide by the by-laws set forth by said company. Failure to do so will deny me permanent membership to Neptune Hose Co. #1 of Dryden, Inc./Dryden Ambulance, Inc. If any information contained in this application is found to be false, membership in Neptune Hose Co. #1 of Dryden, Inc./Dryden Ambulance, Inc. can be terminated at any time.

APPLICANT'S SIGNATURE: _____ DATE: _____

If the applicant is under the age of 18, the following must also be completed:

Date of Birth: ____/____/____

Guardian Name: _____ Signature: _____

(Please note a physical by Neptune Hose Co.'s/Dryden Ambulance, Inc. doctor, at the expense of the department, is required upon acceptance for membership.)

FOR DEPARTMENT USE ONLY

APPLICATION RECEIVED BY: _____ I.D. #: _____

To be filled out by the Interview Committee:

Interview Date: _____ Interviewed by: _____

Reference Check: 1: _____

2: _____

Recommendations of the Interview Committee: _____

Acceptance date for membership: _____ Voting Results: _____ Yes _____ No

Membership I.D. # Assigned: _____

President's signature: _____ Date: _____

Membership Secretary Signature: _____ Date: _____

AUTHORITY FOR RELEASE OF INFORMATION

NAME OF APPLICANT (please include maiden name): _____

PLACE OF BIRTH: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

Social Security #: _____ DATE OF BIRTH: _____

WORK ADDRESS: _____

DRIVERS LICENSE NUMBER: _____ STATE: _____

PLEASE LIST ADDRESSES FOR THE PREVIOUS TEN YEARS:

DATE: _____ ADDRESS: _____

DATE: _____ ADDRESS: _____

DATE: _____ ADDRESS: _____

DATE: _____ ADDRESS: _____

DATE: _____ ADDRESS: _____

CONVICTIONS: Please list including dates and locations: _____

This release, when represented by the duly authorized member of Neptune Hose Co. #1, Dryden Ambulance, Inc. will constitute my consent and authority to examine and obtain copies and abstracts of records and to receive statements and information regarding my background.