

# GLASCO VOLUNTEER FIRE DISTRICT APPLICATION FOR MEMBERSHIP

***Mailing Address:***  
**P.O. Box 611**  
**Glasco, NY 12432**

***Physical Address:***  
**139 Liberty St. Ext.**  
**Glasco, NY 12432**  
**845-246-9600 Business Phone**

Dear Prospective Member:

Thank you for your interest in becoming a member of the Glasco Volunteer Fire District (GFD). The level of commitment required from our members is unlike any other volunteer organization however the rewards are unique and satisfying. This letter briefly describes the membership categories and the basic requirements for our members. We encourage you to contact one of our Operational or Administrative Officers to learn more about our role in the community and the level of commitment expected of our members *before* you commit your time and talent to your community by becoming an active member of our department.

The Glasco Volunteer Fire District is a nonprofit organization started in 1900. Its purpose is to provide firefighting, fire prevention, rescue and any other activities which affect the safety of the inhabitants of the Hamlet of Glasco, Town of Saugerties and the neighboring areas.

The Glasco Volunteer Fire District has three types of membership:

**JUNIOR MEMBERSHIP:** A firefighting member who is sixteen or seventeen years of age and resides or works within the primary response area. A junior member will not enter burning structures, respond to mutual aid calls and must complete a twelve-month probation period which he/she will be considered a conditional junior member. During the probationary period, he/she will attend twenty five percent of all departmental training.

**REGULAR MEMBERSHIP:** A firefighting member who is at least eighteen years of age and resides or works within the primary response area. Must complete a twelve-month probation period in which he/she will be considered a conditional regular member. During the probationary period, he/she will attend fifty percent of all departmental training. Members will need to complete a Physical, at the expense of GFD and must complete 8 hours of OSHA training per year. A regular member must complete a Basic firefighter training class within one year of the date of application.

**SOCIAL MEMBERSHIP:** A non-firefighting member who is at least sixteen years of age. Must complete a twelve-month probationary period in which he/she will be considered a conditional social member. During the probationary period, he/she must attend five regular company meetings. After completion of conditional status, the social members must attend fifty percent of all company meetings per year. social members are not required to attend training drills.

Meeting and trainings are held at Glasco Fire Station. Training is every Monday at 1900 hours or as announced, meetings the second Tuesday of every month.

Thank you once again for your interest in becoming a member of the Glasco Volunteer Fire District. Your application will be taken into consideration by both our Fire District Board and Regular Voting Members. You will be notified once your application has been processed.

Sincerely,  
Michael A. Sasso III  
Chief Glasco Fire District

# GLASCO VOLUNTEER FIRE DISTRICT APPLICATION FOR MEMBERSHIP

## PERSONAL INFORMATION

Name: (First, Middle, Last)	Date of Birth:
Address: (Street, City)	Last 4 Digits of Social Security Number: XXX-XX-
	Subdivision:
Home #:	Cell/pager #:
Work #:	Email Address:

Hair:	Eyes:	
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Drivers License #:	State:	Type/Class:
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## TYPE OF MEMEBERSHIP

Which GFD membership type do you have an interest in pursuing?

REGULAR MEMBERSHIP [Fire Suppression (Firefighter/First Responder)] (18 years of age or older)
JUNIOR MEMBERSHIP (16 or 17 years of age)
SOCIAL MEMBERSHIP

## EMERGENCY CONTACT INFORMATION (in case of accident and/or injury)

Name:	Relationship:
Address:	Work Phone:
Street, City, State, Zip:	Home Phone:
Doctor Name:	Doctor Phone:

## FIREFIGHTING & EMERGENCY MEDICAL SERVICE EXPERIENCE

List previous **fire organization** membership and **firefighting** training with inclusive dates (if any):

Organization:	How Long:
Address:	Supervisor:
Date you entered:	Supervisor's Telephone:
Date you left:	
Reason you left:	
Rank or Positions Held:	
Organization:	How Long:
Address:	Supervisor:
Date you entered:	Supervisor's Telephone:
Date you left:	
Reason you left:	
Rank or Positions Held:	
Organization:	How Long:
Address:	Supervisor:
Date you entered:	Supervisor's Telephone:
Date you left:	
Reason you left:	
Rank or Positions Held:	

List previous **Emergency Medical Service** affiliation and training with inclusive dates (list highest level of training, expiration date of certification and organization):

#1:

#2:

#3:

List any or all other volunteer organizations you are or have been a member (NAME and LOCATION):

#1:

#2:

#3:

#4:

Please tell us briefly why you would like to become a member of the GLASCO Volunteer Fire District.

## EMPLOYMENT HISTORY

List below all previous employers in last 5 years starting with most current: (use additional paper if necessary)

Current Employer:	How long:
Address:	Position Held:
City, State, Zip:	Supervisor:
Business Telephone:	Supervisor's Telephone:
Employer:	How long:
Address:	Position Held:
City, State, Zip:	Supervisor:
	Supervisor's Telephone:

## REFERENCES

Please list **three** character references:

Name:	Occupation:
Address:	Work Phone:
City, State, Zip:	Home Phone:
Interviewer's Notes:	
Name:	Occupation:
Address:	Work Phone:
City, State, Zip:	Home Phone:
Interviewer's Notes:	
Name:	Occupation:
Address:	Work Phone:
City, State, Zip:	Home Phone:
Interviewer's Notes:	

## CRIMINAL HISTORY

Within the last three years have you been convicted of a Felony or Misdemeanor including moving traffic violations?

YES

NO

Do you have a Felony or Misdemeanor Case (including moving traffic violation) pending?

YES

NO

Have you ever forfeited a bond?

YES

NO

If YES to the criminal history questions, explain in detail below (use additional sheet of paper if needed)

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## MEDICAL HISTORY

Have you ever been diagnosed as, or been treated for having any of the following?

Diabetes	Cardiovascular Problems (Heart Disease)
Emphysema	Cerebrovascular Accident (Stroke)
Tuberculosis	Hypoglycemia (Low Blood Sugar)
Epilepsy	Eyesight Defects                      Corrected?
Cerebral Palsy	Hearing Defects                      Corrected?
Nervous Disorders	Lifting Restrictions

Do you have a physical or mental disorder which may impair your ability as a fire fighter or first responder?

If YES to any of these questions, explain in detail (use additional paper if needed).

Please read and sign:

I, \_\_\_\_\_ hereby make application for membership in the Glasco Volunteer Fire District.

I HEREBY AFFIRM THAT ALL THE FOREGOING STATEMENTS ON THIS APPLICATION ARE TRUE AND CORRECT. IT IS UNDERSTOOD THAT A FALSE STATEMENT ON THIS APPLICATION MAY BE CONSIDERED AS SUFFICIENT CAUSE FOR REJECTION OR, IF APPLICATION IS APPROVED, DISMISSAL FROM THE GLASCO VOLUNTEER FIRE DISTRICT.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

**For your membership application to be complete (BEFORE you turn it in), you must:**

Provide all information requested in this application including signature (use N/A when an item is 'not applicable' to you)

Complete Background Check

Junior Members: Must review and complete Junior Membership Form

How did you hear about us? (for example, Friend / Local Posting / Webpage)

\_\_\_\_\_

Application Consent and Release  
**JUNIOR MEMBERSHIP ONLY**

I, \_\_\_\_\_, age \_\_\_\_\_, hereby request permission to participate in weekly drills, firefighting and other activities of the Glasco Volunteer Fire District. It is understood and agreed that I will not enter burning structures or respond to Mutual Aid Calls.

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

\_\_\_\_\_

Applicant Signature

The above application is made with my knowledge and consent; I have reviewed and accept the terms of the Glasco Volunteer Fire Districts Junior Firefighter Program.

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

\_\_\_\_\_

Parent or Guardian Signature

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

\_\_\_\_\_

\_\_\_\_\_  
Chief, Glasco Volunteer Fire District

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## FOR DEPARTMENT USE, ONLY

Date Application Received:	
Application Received By:	
Department Interviewer:	
Background Check Conducted:	
Background Check Results / Date:	
Police Record:	
References Checked By:	

Type of Membership:		
<input type="checkbox"/> Regular	<input type="checkbox"/> Junior	<input type="checkbox"/> Social

Date Presented to Board:	
Board Decision:	

Date Presented to Membership:	
Membership Decision:	

Date up for Regular Status:	
Regular Status Vote:	