



Membership Application

To the Secretary of the Pawling Fire Department:

\$3.00 Membership Fee Required _____

I herewith present myself as a candidate for membership. If accepted I promise in full and due observance of all laws that govern the department.

Article 12 of the Constitution & Bylaws of the Pawling Fire Department

Duties of firemen during the probationary period.

Section 1: All firemen, upon election to the organization, will pass a probationary period of one year, during which they must attend:

A: 75% of all weekly drills. If unable to attend any specific drill, they must submit a letter to their company Captain, advising why they were unable to attend.

Section 2: They must participate in all activities therein included in articles 10 & 11.

School of instruction (Introduction class for the company chosen). This school will be available either at the fire house, nearby firehouse or at a county training facility.

I hereby certify that I have read the above:

Print Name _____ Signature _____

PERSONAL INFORMATION (Please PRINT all information)

Current Address: _____ City/Town: _____ Age: _____

Phone#: (____) _____ - _____ (____) _____ - _____ (____) _____ - _____
Home Phone Cell Phone Work Phone

Date of Birth ____/____/____ SSN# ____/____/____ Drivers license#/state ____/____/____

Occupation: _____ Email address: _____

PREVIOUS ADDRESS: (If current address is less than 5 years)

Street/Box: _____ City/Town: _____ State: _____

This application is to join the following company within the Pawling Fire District (Please CHECK ONE only)

LIBERTY HOSE 1 _____ HOLMES HOSE 2 _____ MIZZENTOP HOSE 3 _____

UNION HOOK & LADDER 1 _____ FIRE POLICE _____

Parents Signature if applicant is under 21:

Print Name _____ Signature: _____

Recommended by Pawling Fire Department Members:

Print Name: _____ Signature: _____

Print Name: _____ Signature: _____

We the under signed committee, appointed to investigate the character and standing of the above applicant, we have to report that we have attended to the duty and find the applicant worthy of membership.

Print Name: _____ Signature: _____

Print Name: _____ Signature: _____

I hereby authorize the Dutchess County Sheriff's Office, Detective Division, to conduct an ARSON Check regarding my application for a position of Volunteer with the Pawling Fire District and Pawling Fire Department. The ARSON check will be conducted as outlined in the Rules and Regulations of the Dutchess County Sheriff's Office for background checks for the positions of volunteers with Fire Departments in Dutchess County.

Applicants signature _____ Print Name _____ Date _____

Witness signature _____ Print Name and Title _____ Date _____ Rev. 8/12