



# Scotia Fire Department

148 Mohawk Avenue ~ Scotia, New York 12302  
Tel: (518) 381-6114 Fax: (518) 381-1160  
Emergency: 911



David Wood  
*Chief*

## Volunteer Firefighter/EMT Membership Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Last Name) (First) (MI)

Address: \_\_\_\_\_ DOB: \_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City, Town, Village) (State) (Zip)

Phone # \_\_\_\_\_  
(Home) (Cell) (Email)

How Long at current residence: \_\_\_\_\_ Years Months  
Do you have a valid New York Driver's license?  Yes  No

Do you have your own transportation?  Yes  No

Current Employer: \_\_\_\_\_  
(Name) Phone #  
\_\_\_\_\_  
(Address) (State) (Zip)

Type of Fire Fighter membership you are looking for:  
Interior  Exterior  EMS

Availability to respond to emergency incidents:  
Day  Evening  Nights

Have you ever been in the Military?  Yes  No  
If yes, are you currently serving?  Yes  No

Please list two personal references, other than members of this department, who have known you for at least 3 years.

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Name	Address	Phone #
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Name	Address	Phone #
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Previous Emergency Services experience:  Yes  No  
If yes, where?

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City, Town, Village) (State) (Zip)  
\_\_\_\_\_  
(Contact) (Phone)

Current Fire/Rescue/EMS certifications:  Yes  No

List \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Applicant Authorization for Release of Information**

In order to confirm the information, I supplied on my application for membership with the Scotia Fire Department, I authorize all licensing agencies, educational institutions, law enforcement agencies, past and present employers, and the military service to disclose their relevant records about me to the Scotia

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 maybe requested.

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

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(Applicant Name)	(Please Print)	(Applicant Signature)	(Date)
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