

DATE _____

Fire commissioners
Approval date _____

**APPLICATION FOR MEMBERSHIP
BLUE POINT FIRE DEPARTMENT
205 BLUE POINT AVENUE
BLUE POINT, NEW YORK 11715**

(APPLICATION TO BE FILLED OUT IN BLUE OR BLACK INK)

1. Name _____

2. Address _____

3. Home Phone _____ Business Phone _____

4. Date of Birth _____ Marital Status (M) or (S)

5. NYS Motorist ID # _____ State _____ Class _____ Expiration _____

6. Social Security # _____

7. Employer _____

Year's employed _____

8. Do you plan to go away to college? Yes _____ No _____

9. Military Experience _____ Type of Discharge _____

Do you plan on joining the military? Yes _____ No _____

10. Have you ever been convicted of a crime? _____

If so, please explain _____

11. Have you ever belonged to any other Fire Department or Ambulance Company?

Name _____

Address _____

Dates of membership _____

Reason for leaving _____

Contact person _____

12. What organizations do you presently hold membership in? _____

13. Length of residency in the Blue Point Fire District _____
(Minimum of six months required)

14. Reason for wanting to join the Blue Point Fire Department _____

15. Name and address of person to be called in case of an accident _____

16. Do you agree to a physical examination by the Blue Point Fire District
appointed physician? Yes _____ No _____ (to be paid by Fire District)

All applicants shall read the Constitution and By-Laws of the Blue Point
Fire Department. Do you agree to abide by them? _____

All applicants shall have a background check done by the Suffolk
County Police Arson Squad. Do you understand? Yes__ No__

This application must be accompanied by a fee of \$10.00, which
represents a deposit on a badge and key FOB.
(Deposit is non-refundable)

I declare that the above answers are true and correct to the best of my
knowledge.

Signature of Applicant _____

Signature of recommending sponsor _____

Please supply names and complete addresses of two character references: (relatives should not be used)

Investigation by:
