

**APPLICATION FOR MEMBERSHIP TO  
SPECIALIZED TEAM OF SCHOHARIE COUNTY  
OFFICE OF COUNTY FIRE COORDINATOR  
2783 STATE ROUTE 7 COBLESKILL, NY 12043**

**ANY FALSE INFORMATION MAY VOID THE APPLICATION**

Name: \_\_\_\_\_ NY Training ID # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell No. \_\_\_\_\_ Cell Carrier \_\_\_\_\_ Birth Date \_\_\_\_\_

E-Mail \_\_\_\_\_

Date of Application \_\_\_\_\_ Team Applying for FAST \_\_\_ Haz Mat \_\_\_ S & R \_\_\_

What Volunteer Fire Dept. are you presently a member of \_\_\_\_\_

How Long \_\_\_\_\_ When Joined \_\_\_\_\_

Do you presently hold a NY state drivers license \_\_\_\_\_ Class \_\_\_\_\_?

Expiration Date \_\_\_\_\_

List felony arrests \_\_\_\_\_ list felony convictions \_\_\_\_\_

I hereby certify that the information given is true and correct to the best of my knowledge. (For both parties)

Fire Dept. Chief Officers attest 1. \_\_\_\_\_

2. \_\_\_\_\_

Print name of applicant (All County owned property **must** be returned on separation from S&R Team.

\_\_\_\_\_ Applicant Signature \_\_\_\_\_

Final action by Specialized Team

Application admitted \_\_\_\_\_

(Date)