

# YORKTOWN HEIGHTS ENGINE CO. 1

*PROUDLY SERVING SINCE 1909*

## APPLICATION FOR **RESTRICTED** MEMBERSHIP

Junior Corps. (Age 15 **Through** 17)

Name: \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ Age: \_\_\_\_\_  
\_\_\_\_\_ Zip Code \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/19 \_\_\_\_

E-mail Address \_\_\_\_\_ U.S. Citizen: (circle) **Yes** **No**

Home Telephone # : (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Telephone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Driver License #: \_\_\_\_\_ License Class: (circle) **D** **DJ** **Other:** \_\_\_\_\_

Have you ever been convicted of a crime in any Court anywhere? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_ (Check one.)

Name and address of the High School where you are now a student

\_\_\_\_\_  
\_\_\_\_\_

Current grade or year : (circle) 9 10 11 12

Name of Principal and assigned Guidance Counselor \_\_\_\_\_  
\_\_\_\_\_

Employer's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Fire Service Background: \_\_\_\_\_

Certifications: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Telephone#: \_\_\_\_\_

I certify that the above statements are true to the best of my knowledge and that I have lived in the Yorktown Heights Fire District for the past six months immediately prior to the filing of this application.

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

Parental Signature \_\_\_\_\_ Date: \_\_\_\_\_

# ***YORKTOWN HEIGHTS ENGINE CO. 1***

*1916 Commerce Street  
Yorktown Heights, New York 10598  
www.yorktownfire.org  
Proudly Serving Since 1909*

## **Junior Corps.**

Commissioner Martin McGannon, *Chair*  
B.D. Wesley Curtis  
B.D. Jeff Rosenstrach  
Lt. Derek Grisanti

F.F. Jackie Sullivan  
F.F. Alex Vergo  
F.F. Rich Weber  
Comm. Carmine Furci

### **PARENTAL CONSENT**

I \_\_\_\_\_ GIVE MY SON/DAUGHTER \_\_\_\_\_  
PERMISSION (PRINT NAME) (PRINT NAME)

TO JOIN THE JUNIOR CORPS OF THE YORKTOWN HEIGHTS ENGINE CO. # 1 [JUNIOR CORP.], A RESTRICTED FORM OF MEMBERSHIP. I HAVE READ THE ATTACHED GUIDELINES WITH MY SON/DAUGHTER AND WE BOTH UNDERSTAND AND AGREE TO THE TERMS AND CONDITIONS.

I GIVE THE YORKTOWN HEIGHTS JUNIOR CORPS COMMITTEE PERMISSION TO CHECK WITH MY SON/DAUGHTER'S SCHOOL TO ENSURE THAT A "B" AVERAGE IS MAINTAINED AND WILL PROVIDE THE SCHOOL WITH ANY REQUESTED AUTHORIZATION.

IT IS THE CONTINUING RESPONSIBILITY OF THE PARENT/GUARDIAN TO ADVISE THE CHAIR OF THE JUNIOR CORPS OF ANY CHANGES IN MEDICAL CONDITION OF THE APPLICANT/JUNIOR CORPS MEMBER.

I UNDERSTAND THAT A VIOLATION OF ANY OF THE GUIDELINES MAY RESULT IN SUSPENSION OR EXPULSION FROM THE JUNIOR CORPS OF THE YORKTOWN HEIGHTS ENGINE COMPANY.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINT NAME

**PARENT/GUARDIAN**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINT NAME

**APPLICANT**

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### **MEDICAL RELEASE**

I \_\_\_\_\_ IN MY OPINION FEEL THAT \_\_\_\_\_  
(DOCTOR PRINT NAME) (APPLICANT PRINT NAME)  
IS CAPABLE OF PERFORMING THE STRENUOUS ACTIVITIES REQUIRED OF A FIREFIGHTER  
WITHOUT ANY RESTRICTIONS.

\_\_\_\_\_ APPROVED

\_\_\_\_\_ DENIED

\_\_\_\_\_ RESTRICTED (*LIST RESTRICTIONS BELOW*)

Blood Type: \_\_\_\_\_ Insurance Beneficiary (Name): \_\_\_\_\_  
(Relationship): \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Telephone#: \_\_\_\_\_

RESTRICTIONS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINT NAME

**GUARDIAN**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINT NAME

**PHYSICIAN**