

Volunteer Fire Fighters and Ambulance Workers Certification

I certify that _____ is an enrolled member of the

- _____ Coldenham Fire District
- _____ Cronomer Valley Fire District
- _____ Middlehope Fire District
- _____ Good Will Fire District
- _____ Orange Lake Fire District
- _____ Plattekill Fire District
- _____ Town of Newburgh Volunteer Ambulance Corp

and resides in the Town of Newburgh.

- _____ a) For at least Five Years
- _____ b) Has accrued more than 20 years of active service.

Signature of Chief or
Authority having Jurisdiction _____

Signature of applicant _____

Date _____

**REMEMBER ALL APPLICATIONS MUST BE
FILED ON OR BEFORE
MARCH 1ST _____**