

FAYETTE VOLUNTER FIRE DEPARTMENT

P.O. BOX 41

Fayette, NY 13065

APPLICATION FOR MEMBERSHIP

CHECK ONE: FIREFIGHTER – ACTIVE FIRE POLICE SOCIAL MEMBER

LAST NAME

FIRST NAME

MI

DATE OF BIRTH

ADDRESS

CITY, TOWN, VILLAGE

STATE

ZIP

TELEPHONE:

HOME

WORK

How long have you resided at the above address?

Years: _____ Months: _____

How long have you resided in New York State?

Years: _____ Months: _____

Are you currently employed? Yes No If "Yes" list employer information below.

Name of Company: _____

Address: _____ Telephone: _____

Do you have a valid New York State Drivers License? Yes No

Previous Emergency Services Experience (include only Fire, Rescue, Police and EMS agencies)

Name of Agency: _____

Address: _____

Contact Person: _____ Telephone: _____

(If more space is needed please use additional sheet)

Have you ever been a member of the United States Armed Forces? Yes No

If yes did you receive a dishonorable discharge? Yes No

Dishonorable discharge is not an absolute bar to membership. This and other factors will effect a final decision.

If the above answer is yes, give complete details on a separate sheet to include service branch and service dates.

Have you ever been convicted or pled guilty to a felony, misdemeanor, insurance fraud, arson or a reduction of one of these offenses? Yes No

If yes, give details on a separate sheet.

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

Name: _____ Telephone: _____

Address: _____

Name: _____ Telephone: _____

Address: _____

Name: _____ Telephone: _____

Address: _____

Please list the names of any acquaintances that are members of this organization:

OSHA requires that you pass a physical examination before becoming an interior structural firefighter. The department’s designated physician will provide you with a free medical examination. Will you be willing to undergo a medical examination? Yes No

I request admission into this organization as a firefighter / fire police / social member. I promise and agree, if elected, I will conform to the constitution and by-laws of the Fayette Fire Department Inc. I understand that active firefighters and fire police are required to perform duties to the fullest of their abilities as a volunteer firefighter. Including service at fires or other firematic duties, attendance at meetings, drills, schools of instruction (some traveling may be required), and fund raising events (i.e. calendar sales, BBQ’s etc...). All new members are on a one year probation and during that one year will be expected to successfully complete NYS OFPC “Basic Firefighters Training Course”. The Fayette Fire Department reserves the right, at any time with due cause, to revoke or suspend membership from the organization. At the time of your resignation or dismissal any and all property issued to you by the Fayette Fire Department must be returned. I understand that any misrepresentation or omissions of facts called for, is cause for immediate dismissal. Also, I understand that there is an initial \$5.00 application fee and a \$5.00 annual dues fee.

If you agree to the above terms, please sign below. If you are under 18 years of age, your parent or guardian must sign as well.

Applicant Signature: _____ Date: _____

Parent (Guardian) Signature: _____ Date: _____

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Investigation Committee:

Application Received (Date): _____ \$5.00 Collected Yes No

APPENDIX A

WITHIN THE FREEDOM OF INFORMATION LAW, ALL INFORMATION CONTAINED/ OR OBTAINED HEREIN WILL REMAIN CONFIDENTIAL AND WILL BE USED ONLY FOR INTERNAL MEMBERSHIP PROCESSING

IN WITNESS WHEREOF, THIS APPLICATION HAS BEEN SUSCRIBED THIS DAY _____
BY THE UNDERSIGNED APPLICAT WHO AFFIRMS THAT THE STATEMENTS MADE HEREIN ARE TRUE
UNDER THE PENALTIES OF PERJURY.

APPLICANT SIGNATURE: _____

DATE: _____

WITNESSED BY: _____

DATE: _____

PRIVACY NOTIFICATION

Section 94 of the Public Officers Law (Personal Privacy Protection Law) requires that you be notified of the following facts when information which will be maintained in a record system is collected from you.

The authority to request and confirm personal information about you is found in Article 6 of the Executive Law.

The information obtained will:

- Be used to determine your qualifications for the position for which you are applying;
- Be released to the fire chief and your potential supervisors; and
- Be maintained in your personal file (if you become a fire company member) or in our resume file for six months (if you are not a fire company member).

Failure to provide the information or authorization will result in your application not being considered for membership.

The information will be maintained by _____ of the Fayette Volunteer Fire Company, 4200 State Route 414 Fayette NY 13065.

Telephone: 315-549-8460

APPENDIX B

Fayette Volunteer Fire Department Inc.

APPLICANTS AUTHORIZATION FOR RELEASE OF INFORMATION

In order to confirm the information I supplied on my application for membership with the **Fayette Volunteer Fire Department Inc**, I authorize all licensing agencies, educational institutions, law enforcement agencies, present and former employers, and the military services to disclose their relevant records about me to the **Fayette Volunteer Fire Department Inc**, 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 may be requested.

I understand that this form will accompany requests for official documents and confirmations of my credentials.

Applicant Name(Please Print)

Applicants Signature Date

Witnessed by:

Name and Title (Please Print)

Signature Date