

Speigletown District Volunteer Fire Company



Application for Membership

Serving the towns of Brunswick & Schaghticoke since 1944

146 Speigletown Road (Rt. 40)

Troy, NY 12182

Phone: (518) 235-5431

Email: speigletownfire@speigletown.org

Applicants Name (Please Print

[Please print all information legibly]

Last Name: _____ First & Middle Name: _____

Street Address: _____

City, State, & Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

How long have you lived at the above address? _____

If less than 5 years, previous address: _____

Date of Birth: _____ Age at time of application: _____

**If you are not over 18, please have a Parent or Guardian give their consent by signing the Application Release of Information and Parental Permission Release.*

Are you a U.S. Citizen? Yes No If not, do you have a valid Visa? Yes No

Do you have a driver's license? Yes No

Has your License ever been revoked? Yes No

Driver's License #: _____ License State: _____

Driver's License Class: _____ License Restrictions: _____

1. Please attached a copy if your Driver's License to this application
2. I agree to allow Speigletown District Volunteer Fire Company to obtain a copy of my motor vehicle record (MVR) from the DMV. Yes No

Signature: _____

Employer: _____

Work Address: _____

City, State, & Zip: _____

Work Phone #: _____ Supervisor: _____

May we Contact your Employer? Yes No If no, Why? _____

Have you ever been convicted or plead guilty to a felony, misdemeanor, insurance fraud, arson, or a reduction of one of these offenses? Yes No; If yes, give details: _____

We have several different types of membership (please select one)

- Active-Firefighter Active- Fire Police Active-Social (i.e. participate in breakfasts, community events and any other company run activities)
 Social Patron

Please indicate your ability to participate in required meetings, drills, & emergency calls:
(check all that apply) Weekdays Weeknights Weekends

Please explain why you wish to join the Speigletown Fire Company: _____

OSHA regulations require that you pass a physical examination before becoming a firefighter. The companies designated physician will provide you with a free, mandatory, annual medical examination. Will you be willing to undergo a medical examination to become an active firefighter? Yes No; If no, why? _____

Previous emergency service experience (i.e. fire, rescue, police, and/or emergency medicine)

Agency/Department: _____

Contact Person: _____ Phone #: _____

Reason for leaving: _____

Have you ever received NYS or national certification for completing applicable course(s)? If so which course(s): _____

*Please provide copies of certificate(s) for your member personnel file.

You must have two (2) current active members of the Speigletown District Volunteer Fire Company to sponsor your application.

Name: _____ Name: _____

List three (3) personal (non-family) references that are not members of the Speigletown District Volunteer Fire Company

Name: _____ Contact Phone #: _____

Name: _____ Contact Phone #: _____

Name: _____ Contact Phone #: _____

In case of emergency, please list two (2) contacts:

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Cell Phone: _____

I hereby affirm, under penalty of perjury, that all the information provided on this application is truthful and accurate. I understand that each statement will be investigated. Any inaccurate, falsified, or misleading statements, whether by commission or omission, may result in rejection of this application or dismissal from the Speigletown District Volunteer Fire Company. As such I do hereby respectfully petition to be initiated as a member of the Speigletown District Volunteer Fire Company. If accepted I agree to accept and be governed by the constitution and by-laws of the organization. I hereby release from liability or damages, those persons, agencies, & organizations who may furnish information in connection with my inquiry for membership. I understand that if I am offered membership, it will be conditioned on my cooperating with and satisfactorily completing a background search of the *State Division of Criminal Justice* criminal history record and arson background check relative to the membership for which I am being considered. I also agree to be photographed as a condition of membership.

In the event I leave membership, I agree to return all Speigletown District Volunteer Fire Company & District property issued to me. I understand that my membership can be terminated with or without cause, and with or without notice, at any time at the opinion of either the Speigletown District Volunteer Fire Company, or myself.

I understand that no Speigletown District Volunteer Fire Company or Fire District representative has any authority to enter into any agreement of membership with any other agency for any specified period of time, or to many any agreement contrary to the foregoing.

With the Freedom of Information Law, all information contained and/or obtained herein will remain confidential and will be used only for the internal membership processing.

Privacy Notice:

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

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

The information obtained will:

1. Be used to determine your qualifications for the position for which you are applying;
2. Be maintained in your member personnel files or in a application file for six (6) months (non-member);
3. Failure to provide the information or authorization will result in your application not being considered for membership.

Applicants Signature: _____ Date: _____

Parent/Guardian Signature (Applicants under 18): _____

Date: _____

* Parents/Guardians: Please also sign the *Applicant's Parental Permission Release*

Applicant's Authorization for Release of Information

In order to confirm the information supplied on my application for membership with the Speigletown District Volunteer Fire Company, I authorize all licensing agencies, educational institutions, law enforcement agencies, present and former employers, and military services to disclose relevant records about me to the Speigletown District Volunteer Fire Company; whether the information be of public, private, or confidential in nature; and release them from liability and responsibility from doing so.

This Authorization, in original copy form, shall be valid for this and any future informational, reports or updates that may be requested through my membership.

I understand that this form will accompany requests for official documents and confirmations of all my credentials. I further agree, if any issues should arise while trying to obtain any informational, reports, updates, or credentials I will cooperate and sign all necessary documents requested of me, as long as I have membership with the Speigletown District Volunteer Fire Company.

Applicant's Signature: _____

Applicants name (Printed): _____ Date: _____

Parent/Guardian Signature (Applicants under 18): _____

Parent/Guardian name (Printed): _____ Date: _____

Witness's Signature: _____

Witness's name (Printed): _____ Date: _____

Applicant's Parental Permission Release

(Under Age 18 Only)

I hereby give my daughter/son permission to join the Speigeltown District Volunteer Fire Company. In addition, I give Speigeltown Fire Company permission to check my child's background information, and send them to our fire company physician for a physical.

I am not a medical professional, but I further certify that my child is, to the best of my knowledge, medically and physically fit to undertake the strenuous activities of a Firefighter or EMT personnel; and that, to my knowledge, is not suffering from any contagious or infectious diseases, or any medical conditions or disability which may likely interfere with or be aggravated by Firefighting or EMT activities. I am also aware that my child may be issued a "Blue Light" card by the Chief of the Fire District. This card allows them to use a blue emergency light in their personal vehicle in accordance to the NYS Vehicle & Traffic Law, Section 375

I understand that as the Parent/Guardian of _____ That at any time I choose, I can have my child's membership revoked as I see fit. Said revoking must be made in writing.

Parent/Guardian Signature (Applicants under 18): _____

Parent/Guardian name (Printed): _____

Phone#: _____ Date: _____

Official Use Only:

To be completed by the Membership Committee:

Interview Date: _____

Remarks: _____

Background Check Complete: _____ DMV MVR Complete: _____

Recommendation of the Membership Committee to present to Membership for vote:

Yes No. Date: _____

Recommendation of the Membership to present to Board of Commissioners for vote:

Yes No. Date: _____

Application accepted by Commissioners: Yes No. Date: _____

President's Signature: _____

Letter of Acceptance sent to applicant with dated copy in personnel files: _____

Firehouse ID: _____

Start Date: _____

End Date: _____

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NEW YORK STATE DIVISION OF CRIMINAL JUSTICE SERVICES
Office of Criminal Justice Operations
Volunteer Firefighter Inquiry Form

INSTRUCTIONS: This form is to be used only by a Sheriff's Office (or OFPC, where applicable) when performing searches authorized under NY Executive Law §837-o in connection with individuals seeking membership in a Volunteer Fire Department.

A. DATE:

This form must be U.S. mailed, faxed or hand delivered between agencies. E-mail transmission is not permissible.

Shaded boxes are required data elements.

B. REQUESTING VOLUNTEER FIRE DEPARTMENT

DEPARTMENT NAME:

FIRE CHIEF NAME:

SIGNATURE:

ADDRESS:

TELEPHONE NUMBER:

FAX NUMBER:

1. NAME (LAST, FIRST, MIDDLE)

2. ADDRESS (Street, City, Zip Code)

3. ALIAS AND/OR MAIDEN NAME

4. SEX

M F

5. RACIAL APPEARANCE

White Black Indian Asian Unknown Other

6. ETHNICITY

Hispanic Not Hispanic Unknown

7. HEIGHT
 Ft. In.

8. DATE OF BIRTH
 Month Day Year

9. PLACE OF BIRTH

10. SOCIAL SECURITY NO.

INVESTIGATING OFFICER: _____ DATE _____
 (PRINT NAME/TITLE)

INVESTIGATING OFFICER SIGNATURE _____

RESULTS OF INQUIRY

- NO RECORD OF AN ARSON CONVICTION OR A CONVICTION REQUIRING REGISTRATION AS A SEX OFFENDER
- CONVICTED OF ARSON; NO RECORD OF A CONVICTION REQUIRING REGISTRATION AS A SEX OFFENDER
- CONVICTED OF A CRIME REQUIRING REGISTRATION AS A SEX OFFENDER; NO RECORD OF AN ARSON CONVICTION
- CONVICTED OF ARSON AND CONVICTED OF A CRIME REQUIRING REGISTRATION AS A SEX OFFENDER