

WEST SAND LAKE VOLUNTEER FIRE DEPT.

PO Box 539, West Sand Lake, New York 12196

APPLICATION FOR MEMBERSHIP

DATE: _____

1. NAME: _____
(Last Name) (First Name) (MI.)

2. ADDRESS: _____

3. TELEPHONE: (_____) _____ (_____) _____
(Home) (Work)

4. TYPE OF MEMBERSHIP (Check One): _____ *ACTIVE* _____ *ASSOCIATE*

5. Do you hold a valid NYS DRIVER'S LICENSE? Yes _____ No _____
Number (Optional): _____ Expiration date (Optional): _____

6. SOCIAL SECURITY NUMBER (Optional): _____

7. How long have you resided at the above address? Years: _____ Months: _____

8. How long have you resided in New York State? Years: _____ Months: _____

9. Are you 16 years of age or older? Yes: _____ No: _____ Date of Birth (Optional): _____

10. Is any additional information about a change in your name or your use of a nickname or an assumed name necessary to enable a check on your eligibility for membership?

Yes: _____ No: _____ If "Yes", please explain. _____

11. EMPLOYMENT: Are you currently employed? Yes _____ No _____ ; If "Yes", may we contact your employer as a reference? Yes _____ No _____

Name of Company: _____

Address: _____ Telephone _____

12. AVAILABILITY: Please indicate your availability to participate in normally required fire department functions, such as meetings, drills, and emergency calls:

Weekdays:

Days _____ Evenings _____ Nights _____

Weekends:

Days _____ Evenings _____ Nights _____

13. PREVIOUS EMERGENCY SERVICES EXPERIENCE: Include only fire, rescue, police, and emergency medical service agencies and auxiliaries. If necessary, use an additional piece of paper:

Agency Name: _____

Address of Agency: _____

Contact Person: _____ Telephone _____

14. CURRENT SERVICE: Are you presently active in the above-named agency?

Yes ___ No ___ Not Applicable ___

15. INTERESTS: What are your interests in the organization? (Please check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> firefighting (interior) | <input type="checkbox"/> scuba/search & recovery | <input type="checkbox"/> clerical |
| <input type="checkbox"/> fire police | <input type="checkbox"/> fireground work | <input type="checkbox"/> fundraising |
| <input type="checkbox"/> community fire prevention instruction | <input type="checkbox"/> driver & pump operator | <input type="checkbox"/> social events |
| <input type="checkbox"/> emergency medical services | <input type="checkbox"/> administrative | <input type="checkbox"/> parades |

16. MILITARY SERVICE: Have you ever been a member of the United States Armed Forces?

Yes ___ No ___ If "Yes", did you receive a dishonorable discharge? Yes ___ No ___

If you received a dishonorable discharge, give complete details in the spaces provided below.

Include name of the service branch and dates of service. (Note: Dishonorable discharge is not an absolute bar to membership. This and other factors will effect a final membership decision.)

17. CONVICTIONS: Have you ever been convicted of or pled guilty to a felony or a misdemeanor involving insurance fraud, drugs, arson, violence involving a firearm, or a reduction of one of these offenses? Yes ___ No ___ If "Yes", give details in additional information spaces provided below. If necessary, use an additional sheet of paper.

18. PHYSICAL EXAM REQUIREMENT: NFPA and fire department regulations both require that you pass a physical examination before becoming an Active member. Will you be willing to undergo a free medical examination provided by the fire department's designated physician within 90 days of your appointment to membership, and to have subsequent medical examinations as required by the Board of Fire Commissioners? Yes ___ No ___

19. ADDITIONAL INFORMATION

(Application Continued on Next Page)

20. PERSONAL REFERENCES: Please list 2 personal references, other than relatives or members of this fire department, who have known you for at least 3 years.

A. Name: _____ Telephone: _____

Address: _____

B. Name: _____ Telephone: _____

Address: _____

21. FIRE DEPARTMENT REFERENCES (if any): Please list the names of any relatives or acquaintances who are members of this organization. _____

22. PRIVACY NOTIFICATION: All information contained herein or obtained will remain confidential and be used only for internal membership processing. The authority to request and confirm personal information about you is found in the Executive Law, Art. 6. The information will be used to a) determine your qualifications for the position; b) be released to the fire chief and your potential supervisors; and c) be maintained in your personnel file if you become a member, or in our resume file if you do not become a member. Failure to provide either the information or authorization will result in your application not being considered. The information will be maintained in the offices of West Sand Lake Volunteer Fire Department, at PO Box 539, West Sand Lake, NY 12196. Office Telephone (non-emergency number): 674-8719.

23. AFFIRMATION; and AUTHORIZATION for RELEASE of INFORMATION:
(SIGNATURES REQUIRED BELOW) In order to confirm the information I have supplied on this application for membership in West Sand Lake Volunteer Fire Department, I authorize all licensing agencies, educational institutions, law enforcement agencies, present and former employers, and military services to disclose their relevant records about me to West Sand Lake Volunteer Fire Department whether the information be of public, private, or confidential nature; and I hereby release them from any responsibility for doing so. This authorization, in original copy form, shall be valid for this and any future reports, information, or updates that may be requested; and further,

I affirm that I have read the West Sand Lake Volunteer Fire Department Constitution and By-laws and am willing to be governed by them, and by the rules, regulations, and policies of West Sand Lake Volunteer Fire Department, its officers, and Board of Fire Commissioners. If elected to membership, I understand my obligation to take the membership oath and sign the West Sand Lake Volunteer Fire Department roster book within sixty (60) days after my appointment to membership. I understand that a false statement knowingly made by me on this application may be cause for rejection of my application or my subsequent discharge from the organization and/or from Active status. In witness whereof, this application has been subscribed this _____ day of _____ (month), in the Year _____, by the undersigned applicant, who affirms that the statements made herein are true and correct.

Applicant's Name (Please Print) X Applicant's Signature Date

Name of Witness, (and Title if any) X Signature of Witness Date

24. **THANK-YOU!** We appreciate your interest and the time you have taken to fill out this application. You may return the completed form, along with \$8.00, (\$5.00 for the processing fee, and \$3.00 for the first year's dues) to any line officer, administrative officer, or member of the West Sand Lake Volunteer Fire Department, or mail it to the West Sand Lake Volunteer Fire Department at P.O. Box 539, West Sand Lake, NY 12196. If you need further information, or if you have any questions about membership in the organization, you may telephone an officer at _____ or _____.

Unless there are special circumstances, (such as current or recent membership in another fire department), your application will be presented to a regular meeting of the Fire Department on the first Thursday of the month following return of the completed form. It will then be given to the Membership Committee. If approved by the committee, the members of the Fire Department will vote on your membership the following month at the regular meeting. You will be requested to attend the meeting at which the vote is taken. We will be notifying you in advance of the location, date, and time.

We thank you again for your interest and community spirit.

PLEASE DO NOT WRITE BELOW THIS LINE

Date Submitted _____ Fee and Dues Paid? Yes ___ No ___

X _____
Signature of Financial Secretary Certifying Payment of \$8.00 (total) for Fee and First Year's Dues

Membership Committee Recommendation: Approve ___ Reject ___

Action of Company: Approved ___ Rejected ___ Date _____

X _____
Signature of Fire Department Recording Secretary, Certifying Company's Action

Action of Board of Fire Commissioners: Approved ___ Rejected ___ Date _____

X _____
Signature of Fire District Secretary, Certifying Board's Action

Date Voted In: ___/___/___

Date Sworn In: ___/___/___