

# WEST SAND LAKE VOLUNTEER FIRE COMPANY NO. 1

SERVING THE COMMUNITY SINCE 1872

PO BOX 539, WEST SAND LAKE NEW YORK 12196

## APPLICATION FOR MEMBERSHIP

1. Name: \_\_\_\_\_

2. Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

How long have you resided at the above address? Years \_\_\_\_\_ Months \_\_\_\_\_ In New York State? Years \_\_\_\_\_ Months \_\_\_\_\_

3. Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

4. Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ Cell Provider: \_\_\_\_\_

5. EMAIL ADDRESS: \_\_\_\_\_

6. TYPE OF MEMBERSHIP (Check One): \_\_\_\_\_ ACTIVE MEMBER \_\_\_\_\_ ASSOCIATE MEMBER

7. DO YOU HOLD A VALID NYS DRIVER LICENSE? \_\_\_\_\_ YES \_\_\_\_\_ NO

NYS DRIVER LICENSE NUMBER: \_\_\_\_\_ EXPIRATION: \_\_\_\_\_

### QUESTION 8 – 11 ARE REQUIRED BY NEW YORK STATE LAW TO COMPLETE AN ARSON & SEXUAL OFFENDER HISTORY

“The Age Discrimination in Employment Act of 1967 prohibits, discrimination on the basis of age with respect to individuals who are at least forty (40) years of age.”

8. Are you 16 years of age or older? [ ] Yes [ ] No Date of Birth: \_\_\_\_\_

9. Sex: [ ] Male [ ] Female [ ] Other Height \_\_\_\_\_ft. \_\_\_\_\_In. Social Security Number: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

10. Place of Birth (City, State): \_\_\_\_\_

11. Is additional information about a change in your name or your use of an assumed name or nickname necessary to enable a check on your eligibility for membership? Yes [ ] No [ ]

If “Yes” Explain: \_\_\_\_\_

12. Are you currently employed? Yes [ ] No [ ]

Name of Company: \_\_\_\_\_ Position: \_\_\_\_\_

Company Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

13. Previous emergency services experience: (include only fire, rescue, police & emergency medical service agencies).

Name of Agency: \_\_\_\_\_

Agency Address : \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

14. Have you ever been a member of the United States Armed Forces? Yes [ ] No [ ] Branch: \_\_\_\_\_

15. Have you ever been convicted or pled guilty to a felony, misdemeanor, Insurance Fraud, Arson, or a reduction of one of these offences? Yes [ ] No [ ] If “Yes” give details on an additional sheet of paper.

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

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Address: \_\_\_\_\_

17. Please list the names of any acquaintances who are members of this organization:

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18. OSHA regulations require that you pass a physical examination before becoming a 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 [ ]

**Additional Information**

Within the Freedom of Information Law, all information contained or obtained herein will remain confidential and will be used for internal membership processing. The authority to request and confirm personal information about you is found in Executive Law Article 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 the West Sand Lake Fire District, PO BOX 386 West Sand Lake NY 12196. Office Telephone 518-674-5757.

**Affirmation & Authorization for Release of Information:**

In order to confirm the information, I have supplied on this application for membership, 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 Company 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 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.

This application has been subscribed this \_\_\_\_\_ day of \_\_\_\_\_, (Month) \_\_\_\_\_, (Year) by the undersigned applicant who affirms that the statements made herein are true under penalties of perjury.

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

**APPLICANT, PLEASE DO NOT WRITE BELOW THIS LINE:**

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Date Application Received: \_\_\_\_\_

Arson / Sex Offender Registry Check Complete Yes [ ] No [ ] – Results: \_\_\_\_\_

Membership Committee Recommendation: APPROVE [ ] REJECT [ ]

Action of Fire Company: APPROVE [ ] REJECT [ ]

Signature of Fire Company President, Certifying Company Action: \_\_\_\_\_

Action of Board of Fire Commissioners: APPROVE [ ] REJECT [ ]

Signature of Fire District Secretary, Certifying Boards Action: \_\_\_\_\_