



**Chautauqua Fire Department  
P.O. Box F  
2 Royal Way  
Chautauqua, NY 14722**

Dear Applicant,

We welcome your membership application to join the Chautauqua Fire Department. The attached "Application Process" guide will provide you with detailed instructions on how the application process works and what steps that you will need to take in order to complete the application process. It is important that you fill out each part of the application packet completely and honestly.

As I am sure you will agree, our organization is one in which integrity is paramount. Our reputation is directly related to the code of conduct displayed by each of our members. Our members deal directly with the public and it is important that they be concerned for the safety and welfare of the public at all times. Therefore, please be aware that we will thoroughly scrutinize the information that you provide on the membership application. We do this in an effort to provide the citizens of our Fire District with individuals who will uphold the excellent reputation of the Chautauqua Fire Department.

Thank you for your interest and, hopefully, you can become a valuable part of our organization.

Sincerely,

Chautauqua Fire Department  
Membership Committee

## APPLICATION PROCESS

### 1. **Contents of Packet**

The membership application packet contains the following forms that must be completed:

- a. Chautauqua Volunteer Fire Department Membership Application
- b. Chautauqua County Sheriff's Office Authority to Release Information
- c. NYS Division of Criminal Justice Services Volunteer Firefighter Inquiry Form

### 2. **Completion of Application Packet**

All applicants must COMPLETELY fill in the appropriate information on the forms listed in Section #1 above. Applications must have references listed.

### 3. **Review of Application & Interview with Membership Committee**

When you submit your application packet, a thorough review will be done. After the information is reviewed, you will be called to schedule an interview with the Membership Committee. The following items are important things to consider when completing the application:

Membership in Another Fire Department: If you state that you are a member of another fire department, you must be exempt, inactive, life or other designation. You may not be active in two separate fire departments.

Previous Experience: If you state that you have previous experience in other fire service or emergency medical service organizations, you must provide the name, address and phone number of the appropriate official in each organization that can be contacted in order to verify the information submitted. This information should be provided on a separate sheet of paper and attached to the application.

Previous Fire Service/EMS/Special Licenses/Certifications Held: If you state that you have previous fire or EMS service or a special license or certification, please attach a copy of all training certificates for the training file that is maintained on each member. Please also provide a legible copy of your New York Drivers License for our use in obtaining a NY Department of Motor Vehicle Records Check (copy can be made during interview with Membership Committee). *Do not attach the original of any license or certification.*

#### 4. **Background Check and Physical Examination**

A thorough background check is conducted of each applicant submitting an application and if the membership is approved a physical exam is required.

- a. Background Check: A thorough background check is conducted of each applicant and the Chautauqua County Sheriff's Department will verify applicant is eligible to become a volunteer fire fighter.
- b. Physical Examination: A thorough physical examination will be conducted of each applicant by the Fire Department Physician (currently Occustar) following the approval of the application. Interior fire fighters must also pass the "fit test" for SCBA use.

#### 5. **Induction of New Members**

Once the applicant has been approved by the Department membership during a monthly meeting, the applicant will be promptly notified of the date of the next meeting when he/she will be sworn in.

#### 6. **Active Duty Begins**

Once the applicant is accepted by the Department and the Board of Fire Commissioners, he/she is now a new member of the Fire Department. The new member will then meet with the Fire Chief or designee to discuss general duties, equipment, and training/drill attendance. New members are strongly encouraged to continually review the "Operations Manual" during the first few months of membership in order to take advantage of the valuable information it contains.

#### 7. **Points to Remember**

The selection of competent and responsible personnel for membership in the Fire Department is essential in our mission to provide safety, protection and service to the public. Applicants are reminded to be patient with the membership process in order to allow sufficient time for the review of each applicant. Our goal is to complete the application process for each applicant from start to finish within 30-60 days.

The Chautauqua Fire Department is an equal opportunity organization and will not discriminate against any applicant due to age, race, sex, religion, and national origin.



**Chautauqua Volunteer Fire Department**  
**P.O. Box F**  
**2 Royal Way**  
**Chautauqua, NY 14722**

## MEMBERSHIP APPLICATION

Name: \_\_\_\_\_ (Please Print)

Address: \_\_\_\_\_  
Street City State Zip

Mailing Address (if different from above):

Mailing: \_\_\_\_\_  
Street City State Zip

Telephone #: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Present Employer: \_\_\_\_\_ Occupation \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Drivers License Information: License #: \_\_\_\_\_ State: \_\_\_\_\_ Class: \_\_\_\_\_

Expires: \_\_\_\_\_ Restrictions: \_\_\_\_\_

Do you have any physical restrictions? Yes: \_\_\_\_\_ No: \_\_\_\_\_ (If "Yes" please explain briefly)

\_\_\_\_\_

Do you have any fire fighting or EMS training or experience? Yes: \_\_\_\_\_ No: \_\_\_\_\_ (If "Yes" please explain briefly and list department)

\_\_\_\_\_

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

Sponsored by: \_\_\_\_\_ Date: \_\_\_\_\_  
(Must be a current member of CFD)

Reference: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Reference \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

**JAMES B. QUATTRONE**  
SHERIFF



**DARRYL BRALEY**  
UNDERSHERIFF

## OFFICE OF THE SHERIFF

DATE:

ATTN: RECORDS SECTION  
CHAUTAUQUA COUNTY OFFICE OF THE SHERIFF  
PO BOX 128  
MAYVILLE, NY 14757-0128

Dear Sir/Madam:

I, \_\_\_\_\_, hereby authorize the Chautauque County Sheriff's Office to conduct an inquiry into my criminal, arson and driving record as well as local, state and nation sex offender registries and to release any information obtained to Chautauque Fire Department for employment and other purposes. This record check only covers arrests made by the Chautauque County Office of the Sheriff

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Representative

\_\_\_\_\_  
Please Print:

\_\_\_\_\_  
Applicant Name: Include Maiden Name or any alias, if applicable

\_\_\_\_\_  
Applicant Address

\_\_\_\_\_  
Applicant Social Security Number

\_\_\_\_\_  
Date of Birth

**JOHN R. BENTLEY PUBLIC SAFETY BUILDING 15 E. CHAUTAUQUA ST. POB 128**  
MAYVILLE, NEW YORK 14757  
(716)753-2131 (716)753-4276 FAX  
WWW.SHERIFF.US



**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: **Chautauqua Fire Department**

FIRE CHIEF NAME:

SIGNATURE:

ADDRESS: **PO Box F**  
**Chautauqua, NY 14722**

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

## Non-Fingerprint Background Checks – Volunteer Firefighters

Effective December 2, 2014, Executive Law §837-o requires prospective volunteer firefighters, and current volunteers seeking membership in another fire company, to undergo non-fingerprint criminal history background checks, **for arson convictions and convictions which require registration as a sex offender only**, against the State's criminal history files maintained by the Division of Criminal Justice Services (DCJS). The law prohibits a fee from being charged in connection with these background checks. The law also specifies that these checks will be conducted by sheriffs' offices unless a county legislature enacts a local law prohibiting its county sheriff from having such responsibility. In such a case, the NYS Division of Homeland Security and Emergency Services, Office of Fire Prevention and Control (OFPC), is authorized to perform the background checks for the affected volunteer fire companies.

DCJS supplies the *DCJS-VFF Volunteer Firefighter Inquiry Form* to each Sheriff's Office in the State and to OFPC. Sheriffs' offices and OFPC shall distribute the form to volunteer fire companies seeking to perform arson and registerable sex offense background checks on prospective volunteers and fire company transferees. Fire company officials should complete sections A and B and fields 1 through 10 of the *DCJS-VFF Volunteer Firefighter Inquiry Form*. Fire company officials should use the applicant/transferee driver's license, and another form of identification, such as a birth certificate, passport or social security card, when completing the forms. Completed forms must be returned to the sheriff's office, or to OFPC where applicable, via U.S. mail, fax or hand delivery. **E-mail transmission is not permissible.** It is not an option to perform the background checks through OFPC in counties where there is no local law prohibiting the sheriff's office from conducting the checks.

Upon receiving a completed *DCJS-VFF Volunteer Firefighter Inquiry Form*, sheriffs' offices will perform a name search on each applicant/transferee using the Criminal Repository Search link located under the People tab in the eJusticeNY Integrated Justice Portal using the VFF Reason Code. If a name search candidate is returned as an exact match to the input data, the sheriff will use the Criminal Repository Inquiry link to obtain a rapsheet from DCJS on the candidate. The rapsheet will then be examined by the sheriff's office to determine the presence of an arson and/or registerable sex offense conviction. Not all sex offense convictions require registration as a sex offender. If there is any question regarding whether the applicant is a registered sex offender, the sheriff should search the Sex Offender Registry using the Full Registry Search link also located under the People tab in the eJusticeNY Integrated Justice Portal. The appropriate box should be checked on the bottom portion of the *DCJS-VFF Volunteer Firefighter Inquiry Form*, and the form returned to the submitting fire company via U.S. mail, fax or hand delivery only. In cases where the rapsheet shows an arrest for arson and/or registerable sex offense, but does not reflect a final disposition for the arrest, the sheriff's office should contact the DCJS Office of Criminal Justice Operations at (518) 457-8547 for assistance in obtaining the final disposition. If an arson and/or registerable sex offense case is pending adjudication, the requesting fire company should be informed that a decision regarding the applicant/transferee must be delayed. **Criminal history records (i.e., rapsheets) are not to be provided to fire companies under any circumstance.**

In cases where a background check results in the discovery of an arson and/or registerable sex offense conviction against an applicant/transferee and the individual disputes the conviction, the fire company official should immediately refer the individual to DCJS for a personal record review. If the personal record review results in the determination that the individual is free of an arson conviction and/or registerable sex offense conviction, a subsequent notification will be sent to the sheriff's office which will then forward the appropriate notification to the fire company. It should be noted that while an applicant/transferee who has been convicted of arson is not eligible to be elected or appointed as a volunteer member of a fire company, a registered sex offender is not automatically disqualified from membership. If the background check results in the discovery that the applicant/transferee is a registered sex offender, the fire company must make a determination of eligibility in accordance with the criteria established in Correction Law §§752 and 753. The fire company should be directed to contact the Sex Offender Registry at 1-800-262-3257 to obtain more information about the conviction.



## REPORT OF MEMBERSHIP COMMITTEE

Committee Members:

Vice-President: \_\_\_\_\_

Asst Chief: \_\_\_\_\_

Dept Member: \_\_\_\_\_

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

Applicant Interviewed by Committee: Yes: \_\_\_\_\_ No: \_\_\_\_\_ Date of Interview: \_\_\_\_\_

Comments of Membership Committee: \_\_\_\_\_  
\_\_\_\_\_

Committee Recommendation: Accept for Membership \_\_\_\_\_ Do Not Accept for Membership \_\_\_\_\_

If "Not Accepted" briefly state why: \_\_\_\_\_  
\_\_\_\_\_

Date Application Presented to the Department: \_\_\_\_\_ Accepted: Yes \_\_\_ No \_\_\_

Date Department Vote Taken on Application: \_\_\_\_\_ Accepted: Yes \_\_\_ No \_\_\_

Date Application Presented to the Commissioners: \_\_\_\_\_ Accepted: Yes \_\_\_ No \_\_\_

Chairman, Board of Fire Commissioners (signature): \_\_\_\_\_

Date Applicant Sworn into Department: \_\_\_\_\_