APPLICATION FOR MEMBERSHIP

Date_____

Last Name_____ First Name_____ MI_____

Street Address_____

City, State, Zip code_____

How long have you been a resident at the above address? Years: _____ Months: _____

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

Home Phone_____ Work Phone_____

Nickname_____ Alias and/or Maiden Name _____

E-mail Address _____

Do you have a valid New York State Drivers license Yes_____ No _____

Driver's License number _____

Emergency contact_____ Relation_____

Address_____ Phone No._____

Are you currently employed? Yes____ No ____

If "Yes give employer information below. May we contact your employer as a reference? Yes ____ No ____

Employer _____ Position _____

Address _____ Phone No. _____
Special Skills and Hobbies _____

High School (or other institution) from which you received a diploma or equivalent:

School _____ Address _____

College Degrees _____

Veteran (Y or N) Military Reserve (Y or N)

Private or Military Awards _____

_____

List 3 Personal references that are not members of the Fire Company:

Name _____ Phone No. _____

Address _____

Name _____ Phone No. _____

Address _____

Name_____ Phone No. _____

Address_____

Please list any acquaintances you have in this organization:

_____

_____

_____

_____

Previous Emergency Services Experience

Name of Agency _____ Phone No. _____

Address _____

Contact Person _____ Phone No. _____

Years of Service _____ Positions Held _____

Any charges ever brought against you by this organization?

If yes, explain _____

_____
_____

_____
_____

List any courses completed or certificates (attach copies if available) _____

_____

Fire Company Interests:

__ Firefighter
__ Extrication
__ Junior Firefighter
__ Truck/Pump Operator
__ Department Operations
__ Rescue/EMS
__ Fire Police

Have you ever been convicted or pled guilty to any felony, misdemeanor, insurance fraud, arson, or a reduction of one of these offenses? (Yes or No) If yes, give details and attach to this application.

OSHA regulations require that you pass a physical examination before becoming an active member. The Fire Company's designated physician will provide you with a free medical examination.

A background investigation is required to be performed, as per New York State law, to determine if you have been convicted of any Arson or Sex Crime.

We require all applicants to possess a High School diploma or GED. A copy must accompany this application.

You must have a valid driver's license

You must be a resident of the Town of Enfield or closely ajoining boundry.

You must be able to meet SOG 100.002, 100.003, and 100.014

All initial training expenses will be the responsibility of the member until which time 1.) they complete and pass the course 2.) meet the above SOG requirements 3.) provide one year of service from completion of the course. Once all requirements are met , documentation and receipts submitted , the Board of Directors will authorize reimbursement

All members regardless of their ultimate status level objective. must complete at minimum Scene Support Status

A $5.00 (five dollar) processing fee must accompany this application.

_____

_____

Applicant's Signature *Date*

APPLICANTS AUTHORIZATION FOR RELEASE OF INFORMATION

In order to confirm the information I supplied on my application for membership with the Enfield Volunteer Fire Company Inc., I authorize all licensing agencies, educational institutions, law enforcement agencies, present and former organizations, and the military services to disclose their relevant records, about me to the Enfield Volunteer Fire Company 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) _____

Applicant's Signature _____ Date _____

Witnessed by: _____

Name and Title (Please Print) _____

Signature _____

Date _____

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 SUBSCRIBED THIS____ DAY OF _____ 20__ BY THE UNDERSIGNED APPLICANT WHO AFFIRMS THAT THE STATEMENTS MADE HEREIN ARE TRUE UNDER THE PENALITIES 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 on 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 maintained in your personnel 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 the Chief and/or President of the Enfield Volunteer Fire Company Inc.

Enfield Volunteer Fire Company Inc.
172 Enfield Main Road
Ithaca, New York 14850
(607) 272-8757