

# Scriba Volunteer Fire Department

P.O. box 69 Lycoming NY 13093

## APPLICATION FOR MEMBERSHIP

ACTIVE MEMBERSHIP shall consist of male or female residents of the town of Scriba, New York, and who are over eighteen years of age and have been properly accepted into membership according to the by-laws. Active membership can consist of up to twenty (20) members living outside the town line, but not exceeding the Oswego River to the West, one (1) mile from the town boundaries to the South and East. Active members are each allowed to vote in the affairs of the Corporation. Active members shall be approved by the county self-insurance plan and possess the necessary physical aptitude and technical training required to fight fires and perform rescue operation. All active members are required to comply with the By-laws and acknowledge their agreement by signing them in the Secretary's records.

### For official use only

Voted into membership date  
/ /

Terminated date  
/ /

Declined date  
/ /

Yes \_\_\_\_\_

No \_\_\_\_\_

Abstained \_\_\_\_\_

### PLEASE PRINT

1. \_\_\_\_\_ Date \_\_\_\_\_  
(Last Name) (First Name) (M.I.)

2. \_\_\_\_\_  
(Address) (Apt. / Suite No.)

\_\_\_\_\_  
(City, Town, Village) State) (Zip Code)

3. Telephone: (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
(Home) (Work)

4. How long have you resided at the above address? Years: \_\_\_\_\_ Months: \_\_\_\_\_

5. How long have you resided in New York State? Years: \_\_\_\_\_ Months: \_\_\_\_\_

6. Are you 18 years of age or older? Yes \_\_\_\_\_ No \_\_\_\_\_ If NO, state your age. \_\_\_\_\_

7. 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

8. Are you currently employed? Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes" give organization information below. May we contact your organization as a reference?

Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Company \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

9. Do you have a valid New York State Drivers License? Yes \_\_\_\_\_ No \_\_\_\_\_

10. Please indicate your availability to participate in normally required SVFD department activities (meetings, drills and emergency calls).

Please check appropriate time periods.

Week Days:

Days \_\_\_\_\_

Evenings \_\_\_\_\_

Nights \_\_\_\_\_

Weekends:

Days \_\_\_\_\_

Evenings \_\_\_\_\_

Nights \_\_\_\_\_

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

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

Address \_\_\_\_\_

Contact person \_\_\_\_\_ Telephone \_\_\_\_\_

(If more space is needed, please identify on attached sheet)

12. Have you ever been a member of the United States Armed Forces? Yes \_\_\_\_\_ No \_\_\_\_\_

If the answer is "Yes", did you receive a dishonorable discharge? Yes \_\_\_\_\_ No \_\_\_\_\_

Dishonorable discharge is not an absolute bar to membership. This and other factors will effect a final membership decision.

If the above answer is "Yes", give complete details in the space provided for additional information on the last page (include service branch and services dates).

13. Have you ever been convicted or pled guilty to a felony, misdemeanor, insurance fraud, arson, or a reduction of one of these offenses? Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes", give details on the space below

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

Name: \_\_\_\_\_ Tel: # \_\_\_\_\_

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

Name: \_\_\_\_\_ Tel: # \_\_\_\_\_

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

Name: \_\_\_\_\_ Tel: # \_\_\_\_\_

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

15. Please list the names of any acquaintances that are members of this organization:

\_\_\_\_\_  
\_\_\_\_\_

16. OSHA regulations require you to pass a physical examination before becoming an interior structural 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 Please use back of the sheet**

**WITH THE FREEDOM OF INFORMATION LAW, ALL INFORMATION CONTAINED/OR OBTAINED HEREIN WILL REMAIN CONFIDENTIAL AND WILL BE USED FOR INTERNAL MEMBERSHIP PROCESSING.**

IN WITNESS WHEREOF, THIS APPLICATION HAS BEEN SUBSCRIBED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_  
20\_\_\_\_ BY THE UNDERSIGNED APPLICATION WHO AFFIRMS THAT THE STATEMENTS MADE HEREIN ARE TURE UNDER THE PENALTIES 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 made 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 President and The Chief’s office of the Scriba Fire Department

**APPLICANT’S AUTHORIZATION FOR RELEASE OF INFORMATION**

In order to confirm the information I supplied on my application for membership with the Scriba Volunteer Fire Department, 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 Scriba Volunteer Fire Department whether the information be 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.

Applicants Name (Please Print) \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Witnessed by: \_\_\_\_\_

Name and Title (Please Print) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_