

Memorial Volunteer Fire Company of Chaffee-Sardinia, New York, Inc.

P. O. Box 203

Chaffee, New York 14030

(716) 496-5150 Fax (716) 496-2004

<http://www.chaffeefire.org>

APPLICATION FOR MEMBERSHIP

The Memorial Volunteer Fire Company of Chaffee-Sardinia, New York, Inc., would like to take this opportunity to thank you for your expressed interest in joining our organization. Your application will be turned over to an investigation committee, for recommendation to the Board of Directors.

When completing this application, please adhere to the following:

- ✓ Please print legibly.
- ✓ Please answer all questions.
- ✓ You must provide three character witnesses. They will be contacted by the membership committee.
- ✓ The application must be signed and witnessed (page 6).
- ✓ The authorization for release of information must be signed and witnessed (page 7).
- ✓ A \$5.00 application fee must accompany the application.
- ✓ Remove the cover sheet (page 1) prior to returning the application.
- ✓ The application must be returned to: Fire Chief - Confidential
Chaffee-Sardinia Fire Co.
P. O. Box 203
Chaffee, New York 14030

If you have any questions concerning the application, the application process, or our fire company, please feel free to contact us at 496-5150. Your call will be promptly returned. Again, thank you. It is people like you that make us what we are.

- Proudly serving our community since 1948 -

Memorial Volunteer Fire Company of

Chaffee-Sardinia, New York, Inc.

APPLICATION FOR MEMBERSHIP

1. Name: _____
(Last) (First) (Middle Initial)
2. Address: _____
(Street address) (Mailing address, if different)

(City/Town/Village) (State) (Zip Code)
3. Telephone number: Home: _____ Work: _____
4. Do you currently reside in the Town of Sardinia, and if so, how long?
YES _____ NO _____ Years: _____ Months: _____
If NO, please see Question #17 below
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", please explain:

8. Please indicate your availability to participate in normally required fire company activities (meetings, drills, and emergency calls):
Week Days: Days ____ Evenings ____ Nights ____
Weekends: Days ____ Evenings ____ Nights ____
9. Are you currently employed? Yes ____ No ____ If "Yes" give employer information below.
May we contact your employer as a reference? Yes ____ No ____
Name of Company: _____
Address: _____
Telephone number: _____
10. Do you have a valid New York State driver's license? Yes ____ No ____

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

Name of Agency: _____

Address: _____

Contact Person: _____ Telephone number _____
(If more space is needed, please identify on another 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 on attached sheet (include service branch and service 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 attached sheet.

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

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

1) Name: _____ Telephone number: _____

Address: _____

2) Name: _____ Telephone number: _____

Address: _____

3) Name: _____ Telephone number: _____

Address: _____

16. Fire Company policy requires that all members pass an annual physical examination. The company's designated physician will provide you with a free medical examination. Will you be willing to undergo a medical examination? Yes ____ No ____

17. OUT OF TOWN APPLICANTS: NYS Law and Company By-Laws allows members who legally reside outside of the Town of Sardinia, but either reside or work in the vicinity and are available to render active service to the Chaffee-Sardinia Fire Company, to apply for membership. If you are an out-of-town applicant, please state the circumstances that make you available in the space provided below.



ADDITIONAL INFORMATION

(Please indicate the question or subject number to the left of your comments).











PRIVACY NOTIFICATION

Section 94 of the Public Officers Law (Personal Privacy Protection Law) requires you to be notified of the following facts, when information that 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 released to the fire chief and you potential supervisors; and
- be maintained in you personnel file (if you become a fire company member) or in our application 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 Secretary of the Memorial Volunteer Fire Company of Chaffee-Sardinia, New York, Inc., P. O. Box 203, Chaffee, N.Y. 14030, telephone number (716) 496-5150.

NOTICE TO ALL PROSPECTIVE APPLICANTS FOR MEMBERSHIP

Effective April 1, 2000, New York State Executive Law section 837-o requires prospective volunteer firefighters, and current volunteer firefighters seeking membership in another fire company, to undergo non-fingerprint criminal history background checks, **for arson convictions only**, against the State's criminal history files maintained by the Division of Criminal Justice Services (DCJS).

This check will be conducted by the Erie County Sheriff's Office. There is no fee charged in connection with this check.

Shortly after submitting your application for membership, the Fire Chief will contact you, and a meeting will be scheduled for the purpose of obtaining the information needed to conduct this check. You must provide the following information at this meeting:

1. A New York State Driver's license or non-driver identification card.

2. A second form of identification, such as an employee photo ID card, passport, utility bill, pistol permit, etc).
3. Your Social Security card.

All information provided to the Fire Chief for the purposes of conducting this criminal history check will be considered confidential, and will be maintained in a like manner.

If the check shows that you have an arson conviction, the Fire Chief will return your application to you.
WITHIN THE FREEDOM OF INFORMATION LAW, ALL INFORMATION CONTAINED/OR OBTAINED HEREIN WILL REMAIN CONFIDENTIAL AND WILL BE USED ONLY FOR INTERNAL MEMBERSHIP PROCESSING.

I affirm under the penalty of perjury that the statements and information on this application (including any attached sheets) are true. If elected to membership, I agree to abide by the constitution and by-laws of the Memorial Volunteer Fire Company of Chaffee-Sardinia, N. Y., Inc. I further agree to a character reference check, a criminal history background check for arson convictions, and an approved medical physical, prior to the beginning of active membership.

Applicant's name (Please print): _____

Applicant's signature: _____ Date: _____

Witnessed by: Name (Please print): _____

Signature: _____ Date: _____

FIRE COMPANY USE ONLY:

Date application received by Fire Chief: _____

Date criminal history check received: _____

Application referred to Membership Committee ____ *-or-* *Application returned to applicant* ____

Date application received by Membership Committee: _____

Character references checked by (signature): _____

Date of interview with applicant: _____

Recommendation to Board of Directors: *Favorable* *Unfavorable*

Membership Committee: _____

Date received and reviewed by the Board of Directors: _____

Action of the Board of Directors: Applicant voted into membership Applicant denied membership

Town Clerk, Town of Sardinia Notified on: _____

Secretary of the Fire Company: _____

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APPLICANT'S AUTHORIZATION FOR RELEASE OF INFORMATION

In order to confirm the information I supplied on my application for membership with the Memorial Volunteer Fire Company of Chaffee-Sardinia, New York, Inc., I authorize all licensing agencies, educational institutions, law enforcement agencies, present and former employers, character references which I have listed, and the military services, to disclose their relevant records about me to the Memorial Volunteer Fire Company of Chaffee-Sardinia, New York, 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's name (Please print): _____

Applicant's signature: _____ Date: _____

Witnessed by:

Name (Please print): _____

Signature: _____ Date: _____