

ARVIN HART FIRE COMPANY MEMBERSHIP SUBMITTAL PACKAGE

Membership Application fill out all appropriate sections on Page 1, sign and date where indicated.

On the DCJS-VFF "Volunteer Firefighter Inquiry Form" fill out only those sections highlighted in Yellow, Questions 1 – 10 and submit with your application.

Driver License Disclosure and Release
Fill out all sections of the form

Submit all forms filled out completely.

Submit letter of recommendation from the Chief if you were a member of another fire department. Letter must indicate that you are no longer a member, since it is not legal to belong to two volunteer departments in NYS with some exceptions.

MEMBERSHIP APPLICATION
Arvin Hart Fire Company of the Stillwater Fire District

PLEASE COMPLETE ALL INFORMATION Applying for: Interior Exterior Class [] Membership

Name: _____ Date of Birth: _____
Number/Street: _____
City: _____ ST: _____ ZIP _____
PHONE: Home _____ Cell: _____ Email: _____
Driver's License Number _____ Class _____

Employer: _____ Position: _____
Supervisor: _____ Work Phone #: _____
Address: _____ City: _____ State: _____ Zip: _____

List any convictions (Misdemeanor and felony, failure to do so will result in immediate rejection or future dismissal without cause):

All Applicants by State Law will have a background check for Arson and Sex Offender performed.

FAMILY PHYSICIAN _____
Street _____ City _____ State _____ Zip _____ Phone _____

All members must have a physical and a fit test for respirator use if you intend to be an interior fire fighter. The fire district will supply this physical and it is your responsibility to make an appointment with the provider used by the fire district. Candidates must pass physical and fit test(if interior) prior to being voted into membership, drug testing is mandatory.

Have you ever been a member of another Fire Company? [Y] [N]

If yes, provide; 1. Department name, address and phone number, 2. A written recommendation from a Chief Officer, 3. your reason for leaving and 4. Date of Resignation accepted.

Fire Department _____
Number/Street: _____ City _____ State: _____
Phone: () _____
Reason for leaving: _____

Attach written recommendation from prior fire department to this application.

Briefly explain why you want to join the Arvin Hart Fire Company.

I attest by my signature that the information herein is true and accurate: _____
Signature _____ Date _____

Received by Secretary Date _____

The Arvin Hart Fire Company reserves right to accept or reject any application after review by the Board of Trustees.

S P O N S O R S

We, the undersigned members of the Arvin Hart Fire Company, Inc., propose this applicant for membership in the Arvin Hart Fire Company, Inc. The applicant will be briefed on the general duties of a volunteer fire fighter as well as the Company Standard Operating Guidelines, the Company's By-Laws, and Fire District Policies by the Trustees.

SPONSOR: _____ DATE: _____

SPONSOR: _____ DATE: _____

SPONSOR: _____ DATE: _____

TRUSTEES: We, the Board of Trustees of the Arvin Hart Fire Company, Inc., have investigated the applicant to the best of our ability and present the following findings:

APPROVE [] with comments DISAPPROVE [] with justification RETURNED APPLICATION [] reason

DATE: _____

COMMENTS TO MEMBERSHIP: _____

CHAIRPERSON: _____

TRUSTEE: _____

TRUSTEE: _____

TRUSTEE: _____

TRUSTEE: _____

FIRE COMPANY SECRETARY

1. This application was acted upon by the membership at the monthly meeting on _____ and the total number of votes cast was as follows: _____ in favor, _____ opposed, _____ void, for a total of _____ votes.

2. This application was completed and forwarded to the Board of Fire Commissioners, Stillwater Fire District, date: _____ by the Fire Company Secretary: _____

3. Added to County Self Insurance on Date: _____ [phone] [letter] [fax] Initial: _____

BOARD OF FIRE COMMISSIONERS

Approved _____ Disapproved _____ by a resolution by the Board of Fire Commissioners:

Date: _____ Signature: _____

BOARD MEETING

COMMISSIONER OR BOARD SECRETARY

Any intentional misrepresentations or falsifications will cause this application to be rejected.



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:

FIRE CHIEF NAME:

SIGNATURE:

ADDRESS:

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

DRIVER'S LICENSE DISCLOSURE AND RELEASE

In connection with my application for membership with the **Arvin Hart Fire Company of the Stillwater Fire District** I understand that consumer reports, which may contain public record information, may be requested and obtained.

I authorize without reservation, any party or agency contacted to furnish the above mentioned information.

I have the right to obtain information as to the name, address and phone number of any agency providing such information and further, may request of that agency, upon proper identification, the nature and substance of all information in its files on me at the time of my request, including all sources of information as well as the recipients of any reports on me which that agency has previously furnished within the two (2) year period preceding my request.

This authorization shall remain on file and shall serve as ongoing authorization for the organization named above to procure Motor Vehicle Reports at any time during my membership.

SIGNATURE

Today's Date

Print Name

Date of Birth

9 digit driver's License Number

State

License Class