

Orangeburg Volunteer Fire Association

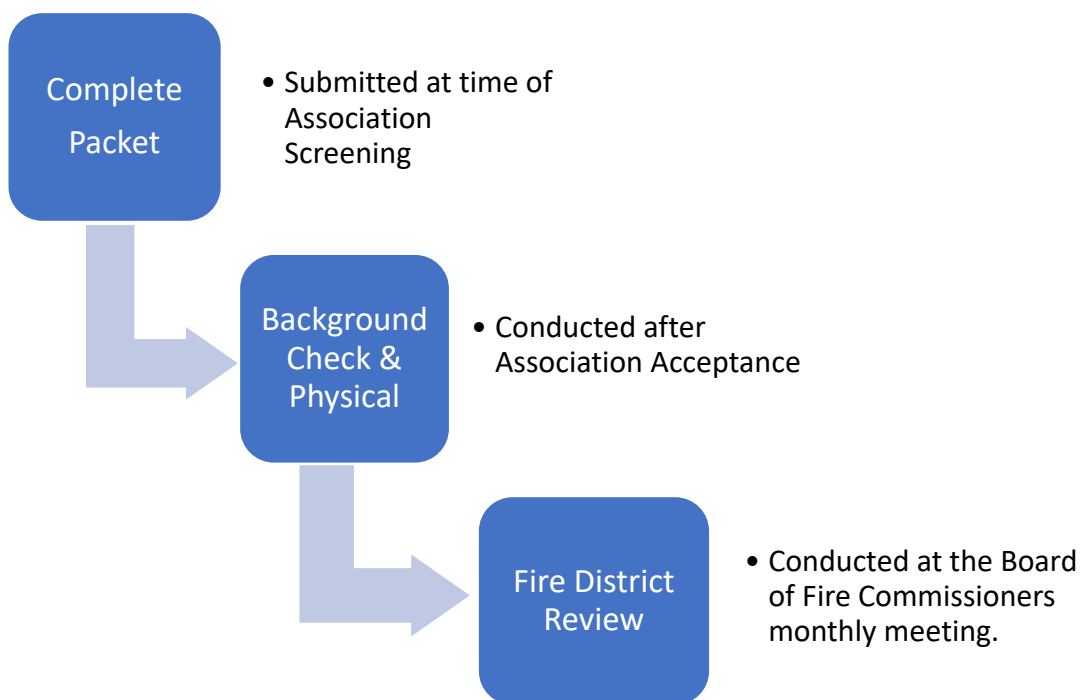


New Applicant Packet

Thank you for your interest in joining the Orangeburg Volunteer Fire Department. In this packet you will find the following documents:

- Orangeburg Volunteer Fire Association Application
- Orangeburg Fire District Application
- NYS Division of Criminal Justice Service Volunteer Firefighter Inquiry Form
- List of Physical Locations

The Process





ORANBURG VOLUNTEER FIRE ASSOCIATION

23 SOUTH GREENBUSH ROAD
ORANBURG, NEW YORK 10962-2204

APPLICATION FOR MEMBERSHIP

DATE OF APPLICATION:

PROSPECTIVE MEMBER INFORMATION

NAME: _____

ADDRESS: _____

HOMEPHONE: _____ CELL PHONE: _____ WORK PHONE: _____

EMAIL ADDRESS: _____

DATE OF BIRTH: _____ NYS DL #: _____

PRIMARY OCCUPATION: _____

PARENT/GUARDIAN INFORMATION (16/17 YEAR-OLD APPLICANTS ONLY)

PARENT NAME: _____

HOME PHONE: _____ CELL PHONE: _____ WORKPHONE: _____

EMAIL ADDRESS: _____

WITH THE FILING OF THIS APPLICATION, I REQUEST TO BECOME A MEMBER OF THE ORANBURG VOLUNTEER FIRE ASSOCIATION.

PROSPECTIVE MEMBER

PARENT/GUARDIAN (16/17 YEAR-OLD APPLICANT)



Incorporated 1913

ORANGEBURG VOLUNTEER FIRE ASSOCIATION

23 SOUTH GREENBUSH ROAD
ORANGEBURG, NEW YORK 10962-2204

PROSPECTIVE MEMBER NAME: _____

SCREENING COMMITTEE FINDINGS

DATE OF SCREENING: _____ GRANT/DENY (CIRCLE ONE) PROBATIONARY MEMBERSHIP.

ADMITTED TO MEMBERSHIP ON: _____ PRESIDENT'S INITIALS: _____

PROBATIONARY VOTE DUE ON: _____

FIRE DISTRICT NOTIFIED ON: _____

FIRE DISTRICT APPLICATION MATERIALS FORWARD BY SECRETARY ON: _____

AUG 2014

ORANGEBURG FIRE DISTRICT 61 Dutch Hill Road Orangeburg, New York 10962

APPLICATION FOR MEMBERSHIP

NOTICE

PURSUANT TO EXECUTIVE LAW SECTION 837-0 YOU ARE HEREBY NOTIFIED THAT IN APPLYING FOR MEMBERSHIP YOU ARE REQUIRED TO AUTHORIZE THE SUBMISSION OF YOUR NAME AND OTHER AUTHORIZED INFORMATION TO THE APPROPRIATE AUTHORITIES WHO SHALL SEARCH ITS FILES FOR RECORDS INDICATING WHETHER OR NOT YOU STAND CONVICTED OF THE CRIME OF ARSON.

I desire to become an active member of your company, and promise if accepted, to abide by and support the Constitution and By-Laws of the company; fire department, as well as any rules and regulations of the Board of Fire Commissioners.

Date_____

1. _____

(Last Name) (First Name) (M.I.)

2. _____

(Address)

(City, Town, Village) _____ (State)_____ (Zip Code)_____

3. Telephone: (____) _____ (____) _____ (____) _____

(Home) (Work) (Cell) (Cell Provider eg. (Verizon))

3a. Email Address: _____

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 _____ Parents Consent-Necessary if applicant is under 18 years old. I, or we, hereby give (my, our) consent _____ (my, our) son/daughter to become a member of the above named fire company.

Date _____ Signature _____

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 It, explain. _____

8. Are you currently employed? Yes _____ No _____

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

Yes _____ No _____

Name of Company _____

Address _____ Telephone (____) _____

9. Do you have a valid New York State Driver's License?

Yes _____ No _____

10. Please indicate your availability to participate in normally required fire 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 _____

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 affect 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 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 three personal references, other than members of this organization, who have known you for at least three years,

A. Name _____ Telephone (_____) _____

Address: _____

B. Name _____ Telephone (_____) _____

Address: _____

C. Name _____ Telephone (_____) _____

Address: _____

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

16. OSHA regulations require that you 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 _____

17. Are you currently a member of any other fire company?

Yes _____ No _____

ACKNOWLEDGMENT OF FIRE DISTRICT OWNERSHIP OF EQUIPMENT

The undersigned applicant acknowledges that the items and equipment issued to him/her that are the property of the Fire District are for his/her sole use as a volunteer firefighter and agrees to be responsible for the care and maintenance of said items and equipment. Upon termination from membership I agree to immediately turn over all equipment issued to me to the Chief or a member of the Board of Fire Commissioners.

DECLARATION

I, _____, declare, subject to the penalties of perjury and/or expulsion, that the statements made in this application; including statements made in any accompanying papers, have been examined by me and to the best of my knowledge and belief are true and correct. I understand that all statements are subject to verification and that a material misstatement or fraud may disqualify me from my appointment and /or lead to revocation of my appointment as a volunteer firefighter.

I understand that every new member shall be required to perform the full duties of a volunteer firefighter, and shall be required to show that you will attend fires, drills, meetings affairs and schools of instruction. Following admission to membership, you are required to maintain active status as set for in the Districts By-Laws.

Date _____ Signature of Applicant

Parent Consent-Necessary if applicant is under 21 years old.

I, or We , hereby give (my, our) consent for _____(my, our) son / daughter to become a member of the Orangeburg Fire District of Orangeburg, New York.

Date_____

Signature_____

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 about 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 Board of Fire Commissioners; and be maintained in your personnel file (if you become a fire company member) or in our 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 Orangeburg Volunteer Fire Association, 23 South Greenbush Road, Orangeburg, New York 10962.

To be completed by Orangeburg Volunteer Fire Association Officers:

Date elected to membership in Orangeburg Volunteer Fire Association:

Month____ Day____ Year _____

Date

Signature of Association Officer

ORANGEBURG FIRE DISTRICT 61 Dutch Hill Road Orangeburg, New York 10962

APPLICANT'S AUTHORIZATION FOR RELEASE OF INFORMATION

In order to confirm the information I supplied on my application for membership with the Orangeburg Fire District, I authorize all licensing agencies, educational agencies, law enforcement agencies, present and former employers, and the military services to disclose their relevant records about me to the Orangeburg Fire District 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)

Applicants Signature Date

Witnessed by:

and Title (please Print)

Signature Date Name

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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 Board of Fire Commissioners; and be maintained in your personnel file (if you become a Department member) or in our file for six months (if you are not a Department 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 Board of Fire Commissioners of the Orangeburg Fire District, 61 Dutch Hill Road, Orangeburg, New York 10962. To be completed by Fire District Commissioners:

Applicant Admitted to Membership:

_____	_____
Commissioner	Date

_____	_____
Secretary	Date

Applicant Rejected:

_____	_____
Commissioner	Date

_____	_____
Secretary	Date

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