Deerfield Volunteer Fire Department

Application for Membership

5476 Trenton Road

Deerfield, NY 13502

315-732-2693

www.deerfieldfire.org

For Office Use Only:

1. Date Received: _____

2. Date Brought to the Body: _____

3. Date Interviewed: _____

   Recommended: Yes: ☐ No: ☐

4. Date Voted on by the Body: _____

   Accepted: Yes: ☐ No: ☐

5. Date of Arson Check Submission: _____

   Clear: Yes: ☐ No: ☐

6. Date Voted on by the Board of Fire Commissioners: _____

   Accepted: Yes: ☐ No: ☐

Timeline for application into the Deerfield Volunteer Fire Department

(Please be aware that the application process may take up to a minimum of 2+ months)

Fill out

- Membership Application (pg. 1-3)
- Privacy Notification (pg. 4)
- Release of Information (pg. 5)
- $3.00 fee with application

Mail or deliver your application to the Trenton Road Station or any officer.

- Your application will be brought before the membership for review, then tabled for 30 days.
- You will be asked to attend an interview with company and fire officers (The Chief will contact you)
- Your application will be voted on by the membership for approval at the next Business Meeting.
- Your application will be presented to the Deerfield Fire District's Board of Fire Commissioners for approval (3rd Wed. of the month)
- If your application is approved, you will then be contacted by the Chief and placed on Probation for a minimum of 6 months (may be extended if needed). At which time:
- You will be assigned 2 Fire Officers and 1 Civil Officer as mentors.
- You will be required to attend both Probationary and Regular monthly training.
- You will be required to attend monthly business meetings and scheduled fundraisers.

As an Active member you will be;

- Required to attend 100% of regular monthly business meetings
- Required to attend 50% of regular monthly trainings
- Required to attend 50% of fund raising events
- Expected to pay Annual Dues = $3.00

DEERFIELD VOLUNTEER FIRE DEPARTMENT

5476 TRENTON ROAD
DEERFIELD, NEW YORK 13502

APPLICATION FOR MEMBERSHIP

Active member_____ Restricted Active Member (16-17 y/o)

Date_____/_____/_____

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

2. _____
(Address) (Apt/Suite No.)

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

3. (____) _____ - _____ (____) _____ - _____
(home phone) (work phone)

4. (____) _____ - _____ Provider? _____
(cell phone)

5. email address _____

6. D.O.B. _____/____/_____ Social Sec. # _____/____/_____

7. Place of Birth: _____ Height: ____' ____"

8. If you are under 18 years old, state your age: _____

9. How long have you resided at the above address? Years:_____ Months: _____

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

11. 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:

_____

_____

_____

12. Are you currently employed? Yes ☐ No ☐
If Yes, where;
Name of Company_____
Address_____
Telephone (___) ___ - _____
May we contact your organization as a reference? Yes ☐ No ☐

13. Do you have a valid NYS Driver License? Yes ☐ No ☐

Driver's License ID #_____

Driver's License Type_____

14. Please indicate your availability to participate in normally required fire department activities (meetings, drills, emergency calls, and fundraising events);
Week days Days: ☐ Evenings: ☐ Nights: ☐
Weekends Days: ☐ Evenings: ☐ Nights: ☐

15. Previous emergency services experience(s) (include only Fire, EMS, or Law Enforcement)
Name of Company_____
Address_____
Telephone (___) ___ - _____
Contact Person _____
(If more space needed, please indicate under "additional information on page 3)

16. Have you ever been a member of the US Armed Forces? Yes ☐ No ☐
If "Yes", please give complete details in the space provided for "additional information" on page 3 (include service branch and service dates)
If "Yes", did you receive an honorable discharge? Yes ☐ No ☐
(Dishonorable discharge is not an absolute bar for membership. This and other factors will effect a final membership decision. You may elaborate under "additional information")

17. Have you ever been convicted or pled guilty to a felony, misdemeanor, insurance fraud, arson, or any child offenses? Yes ☐ No ☐
If "Yes", give details in the space provided for "additional information" on page 3 (#20)

18. Are there any other medical or physical issues that would conflict with your ability to perform the tasks of "Firefighter" with the DFC? Yes ☐ No ☐
If "Yes", give details in the space provided for "additional information" on page 3 (#20)

19. Please list three (3) personal references (NOT members of DFD) who have known you for at least three (3) years:

1. Name:_____ Telephone #_____

   Address:_____

2. Name:_____ Telephone #_____

   Address:_____

3. Name:_____ Telephone #_____

   Address:_____

20. Please list the names of any acquaintances that <u>are</u> members of the DFD:

_____

_____

_____

21. OSHA regulation require that you pass a physical examination before becoming an active firefighter. The department's designated physician will provide you with a free medical examination.
Are you willing to undergo a medical exam? Yes ☐ No ☐
Are there any medical issues that we need to know about before releasing you to active status?

_____

_____

22. Additional Information (including any NYS or other trainings/certifications)

_____

_____

_____

_____

An application fee of $3.00 must accompany your application

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 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 about you is found in Article 6 of the Executive Law.

<u>The information obtained will:</u>

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 your resume file for six months (if you are not become 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 Board of Fire Commissioners of the Deerfield Fire District #1

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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 ***Deerfield Fire Company,*** I authorize all licensing agencies, educational institutions, law enforcement agencies, present and former organizations, and military services to disclose their relevant records about me to the ***Deerfield Fire Company*** 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 any request for official documents and confirmation of my credentials

Applicants Name (Please print)	Applicant's Signature	Date

Witnessed by:

Witness Name & Title (Please print)	Witness's Signature	Date