

APPLICATION FOR MEMBERSHIP

Adams Fire Company, Inc.
7113 Nash Road Wheatfield, NY 14120

As a candidate for membership in the Adams Fire Company Inc., we the officers and membership of said company would like to take this opportunity to acquaint you with some of the duties and obligations you must assume as a member of our company.

Adams Fire Company Inc., is first and foremost a volunteer Fire company. As stated in our by-laws, the objects of this company are declared to be: **first**, the extinguishment of fire and the preservation of life and property within the Town of Wheatfield; and **second**, the cultivation and promotion of friendly relations and moral and intellectual improvement in this community.

Your first duty, if elected to membership, will be to qualify as a volunteer firefighter by attending fire drills and training classes. i.e. essentials of firefighting to be completed within 2 years, then applying this knowledge is the main reason for your joining our fire company, and to be willing to work various fund-raiser during the year.

May we impress this fact upon you very strongly. Your years as a member here will be devoted to that goal. We are not accepting you as a social member. The social benefits you derive as a member here will come as an outgrowth of your firefighting duties. Failure to participate may result in expulsion from the company. We extend to you, as a candidate for active membership of Adams Fire Company Inc., our hand in welcome. Please don't accept it, however, unless you are ready, willing and able to live up to the duties involved in being a volunteer firefighter.

~ ~ ~ ~ ~ PLEASE PRINT IN ALL CAPITAL LETTERS ~ ~ ~ ~ ~

Date ____ / ____ / _____

Last name _____ First name _____ M.I. _____

Address _____ City _____

State _____ Zip _____ Home () _____ Cell () _____

Nickname _____ Alias or Maiden Name _____

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

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

RACE <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Indian <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other	SKIN TONE <input type="checkbox"/> Very Light <input type="checkbox"/> Light <input type="checkbox"/> Average <input type="checkbox"/> Darker <input type="checkbox"/> Very Dark	USA CITIZEN <input type="checkbox"/> Yes <input type="checkbox"/> No	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	DOB <hr/> AGE <hr/> HEIGHT <hr/>
SSN <hr/>				

City, County, State where born _____

Currently Employed <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Company _____ Address _____ City _____ State _____ Zip _____ Phone () _____ How Long _____
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Drivers license Number _____ State _____ Expires _____ Class _____

Previous emergency service experience: (include only fire, rescue, police and emergency medical service agencies). Use last sheet if additional space is needed for complete details.

Name of Agency _____ Address _____

City _____ State _____ Zip _____

Contact person _____ Phone _____

Are you currently certified as a CFR EMT AEMT EMT/P No

If "yes", Exp. Date _____ EMT number _____

Have you ever been a member of the USA armed forces? Yes No

If "yes" please give complete details in the space provided for additional information on the last page. Include service branch and service dates. Also, please indicate:

Still active Honorable discharge Dishonorable discharge Reserves now

Please note: Receiving a dishonorable discharge is not an absolute bar to membership. This and other factors will effect final membership decision.

Have you ever been convicted or plead guilty to a felony, misdemeanor, insurance fraud, arson, or a reduction of one of these offenses? Yes No

If "yes" give details in the space provided for additional information on the last page.

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

A. Name _____ Phone _____

Address _____

B. Name _____ Phone _____

Address _____

C. Name _____ Phone _____

Address _____

Please list the names of any acquaintances that are current or former members of this organization:

OSHA regulations require that you pass a physical examination before becoming active 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

WITHIN THE FREEDOM OF INFORMATION LAW, ALL INFORMATION CONTAINED OR OBTAINED HEREIN WILL REMAIN CONFIDENTIAL AND WILL ONLY BE USED FOR INTERNAL MEMBERSHIP PROCESSING

IN WITNESS WHEREOF, THIS APPLICATION HAS BEEN SUBSCRIBED

THIS _____ DAY OF (month) _____, 20____
BY THE UNDERSIGNED APPLICANT WHO AFFIRMS THAT THE STATEMENTS
MADE HEREIN ARE TRUE UNDER THE PENALTIES OF PERJURY.

Applicant Signature _____ Date _____

Witnessed by Name _____ Date _____

Witness Signature _____

Are you 18 years of age or older? Yes No

If "no" provide sponsor's name and relation _____

ENCLOSED IS MY APPLICATION FEE OF \$5.00 Check Cash

PRIVACY NOTIFICATION

Section 94 of the public officers law (personal privacy protection law) requires you to 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 will:

- be used to determine your qualifications for the position for which you are applying;
- be released to the Fire Chief, President, and your potential supervisors; and
- 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 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 Chief, of Adams Fire Company Inc., 7113 Nash Rd, North Tonawanda, NY 14120.

Membership has been ACCEPTED DENIED Date _____

