

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 \_\_\_\_\_

E-Mail Address \_\_\_\_\_

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

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

|                                                                                                                                                                                                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>RACE</b><br><input type="checkbox"/> White<br><input type="checkbox"/> Black<br><input type="checkbox"/> Indian<br><input type="checkbox"/> Asian<br><input type="checkbox"/> Hispanic<br><input type="checkbox"/> Other |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SKIN TONE</b><br><input type="checkbox"/> Very Light<br><input type="checkbox"/> Light<br><input type="checkbox"/> Average<br><input type="checkbox"/> Darker<br><input type="checkbox"/> Very Dark |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                   |
|-----------------------------------------------------------------------------------|
| <b>USA CITIZEN</b><br><input type="checkbox"/> Yes<br><input type="checkbox"/> No |
|-----------------------------------------------------------------------------------|

|                                                                                |
|--------------------------------------------------------------------------------|
| <b>SEX</b><br><input type="checkbox"/> Male<br><input type="checkbox"/> Female |
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| <b>DOB</b> |
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| <b>AGE</b> |
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| <b>SSN</b> |
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| <b>HEIGHT</b> |
|---------------|

City, County, State where born \_\_\_\_\_

|                                                                                          |
|------------------------------------------------------------------------------------------|
| <b>Currently Employed</b><br><input type="checkbox"/> Yes<br><input type="checkbox"/> No |
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Name of Company \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone ( ) \_\_\_\_\_ How Long \_\_\_\_\_

Driver 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.

YOU MUST SUBMIT A LETTER OF RECOMMENDATION FROM ALL AGENCIES, OR EXPLAIN WHY NOT.

Name of Agency \_\_\_\_\_ Duties \_\_\_\_\_

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**

**Adams Fire Co does require, and will obtain at no cost to you, a criminal background check, an arson check, verification of identity, and a driver license check. In addition, we may contact any references you have provided.**

**Consideration for membership is contingent upon a review by Adams Fire Co of all results of this information. Failure to consent to these checks will cause your application to be rejected. Please fill out the attached consent forms in addition to this application.**

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 \_\_\_\_\_

