

East Herkimer Volunteer Fire Department #1 Inc.
P.O. Box 95
Herkimer, NY 13350

APPLICATION FOR MEMBERSHIP

DATE: _____

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

2. _____
(Address) (Appt. #)

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

3. Telephone: (_____) _____ (_____) _____
(Home) (Work)

4. How long have you lived 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 _____

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" explain:

EAST HERKIMER VOLUNTEER FIRE DEPARTMENT #1 INC.

8. Are you currently employed? Yes _____ No _____

If "Yes" give employer information below.

May we contact your employer as a reference? Yes _____ No _____

Name of Company _____

Address _____ Telephone _____

9. Do you have a New York State Drivers 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 _____

Address _____

Contact Person _____ Telephone _____

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 effect 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 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 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 _____

Additional Information:

EAST HERKIMER VOLUNTEER FIRE DEPARTMENT #1 INC.

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 OF, 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 _____

WITNESS SIGNATURE _____ 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.

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 your potential supervisors; and

Be maintained in your personnel file (if you become a fire department member) or in our resume file for six months (if you are not a fire 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 Financial Secretary of the East Herkimer Volunteer Fire Department #1 Inc., 193 Main Road, Herkimer, NY 13350 (315) 866-1140.

PLEASE ENCLOSE \$5.00 WITH APPLICATION FOR ANNUAL DUES

Fire Department Use Only

(FIRE DEPARTMENT MEMBER SIGNATURE)

(FIRE DEPARTMENT MEMBER SIGNATURE)

ARSON CHECK PASSED: Yes _____ No _____

SCREENED: Yes _____ No _____ Date _____

1. _____ Executive Officer
2. _____ Line Officer
3. _____ Board of Directors
4. _____ 25 Year Member
5. _____ Member at Large

APPROVED AS (1) YEAR RECRUIT: Yes _____ No _____ Date _____

Membership Type: Active: _____ Social: _____ Honorary: _____