

# APPLICATION FOR MEMBERSHIP Rev. 10/09



**Webster Volunteer Fire Department Inc. 35 South Avenue, Webster NY 14580**  
**North East Joint Fire District P.O. Box 361, Webster NY 14580**



*The Webster Volunteer Fire Department and North East Joint Fire District are Equal Opportunity organizations. They do not discriminate on the basis of race, color, religion, national origin, age, gender, marital status, disability, or any other status protected by law or regulation. It is intended that all qualified applicants are given equal opportunity, and that selection decisions are based on membership and volunteer position factors.*

**(Please Print Clearly)**

1. Full Name: \_\_\_\_\_  
(Last Name) (First Name) (Full Middle Name) (Suffix)

2. Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

3. Telephone: Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ Mobile: (\_\_\_\_) \_\_\_\_\_

4. Place of Birth: City/State: \_\_\_\_\_

5. How long have you resided at your current Webster address? Years: \_\_\_\_\_ Months: \_\_\_\_\_

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

7. Current Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security #: \_\_\_\_/\_\_\_\_/\_\_\_\_

Do you have now or ever had a different Social Security # than listed above? Yes: \_\_\_\_ No: \_\_\_\_

Male: \_\_\_\_ Female: \_\_\_\_ Height: \_\_\_\_ Skin Tone: Light: \_\_\_\_ Medium: \_\_\_\_ Dark: \_\_\_\_

Racial Appearance: White: \_\_\_\_ Black: \_\_\_\_ Am. Indian: \_\_\_\_ Japan: \_\_\_\_ Chin: \_\_\_\_ Other: \_\_\_\_

8. Have you ever used, or were known by a maiden name, nickname, or alias, or ever changed your name?  
Yes: \_\_\_\_ No: \_\_\_\_ (If "Yes", Explain) \_\_\_\_\_

9. Are you currently employed? Yes: \_\_\_\_ No: \_\_\_\_ If "Yes" give employer information below:  
Name of Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
May we contact your employer as a reference? Yes: \_\_\_\_ No: \_\_\_\_  
Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

10. Do you have a valid New York State Driver License? Yes: \_\_\_\_ No: \_\_\_\_  
Drivers License Number: \_\_\_\_\_ License Class: \_\_\_\_\_

11. Please indicate your availability to participate in normally required fire department activities (meetings, drills, & emergency calls). Please mark appropriate time periods:  
Week Days: Days \_\_\_\_\_ Evenings \_\_\_\_\_ Nights \_\_\_\_\_  
Week Ends: Days \_\_\_\_\_ Evenings \_\_\_\_\_ Nights \_\_\_\_\_

12. Previous emergency service experience? *Include only Fire Department, Rescue Squad, Police, or EMS Agency* Yes \_\_\_\_ No \_\_\_\_  
If Yes; Where and When? \_\_\_\_\_ Contact Person: \_\_\_\_\_

List any current or previous EMS certification card #: \_\_\_\_\_

List any current or previous New York State Fire Training Identification #: \_\_\_\_\_

If previous emergency service experience, do you have a letter of transfer? Yes: \_\_\_\_ NO: \_\_\_\_  
If you have letter of transfer please attach to Additional Information Sheet, page 6 of 6.

List any offices held: \_\_\_\_\_

13. Do you possess any special skills that might be a benefit to this department? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(If more space is needed, please identify on Additional Information Page 6 of 6)

14. Briefly explain why you are interested in joining the Webster Fire Department: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

15. Have you ever been convicted of any crime, or pled guilty to a felony or misdemeanor for insurance fraud or arson, or a reduction of one these offenses? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
If "Yes" give details on attached sheet; (Addition Information Page 6 of 6).

16. Give 3 references who are not relatives, with definite knowledge of your business or professional qualifications for the position of volunteer firefighter, and whom have known you for at least (3) three years. Do not repeat a name of supervisor listed under employment history.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18. Have you ever been a member of the United States Armed Forces Yes: \_\_\_\_\_ No: \_\_\_\_\_  
If the answer is "Yes" give details on attached sheet (Additional Information Page 6 of 6)

19. OSHA regulations require that you pass a physical examination before becoming an interior structural firefighter, exterior firefighter, fire police, or peripheral firefighter. The district will provide you with a free examination. Will you be willing to undergo a medical examination as required by the North East Joint Fire District? Yes: \_\_\_\_\_ No: \_\_\_\_\_

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

*Failure to provide the information or authorizations will result in your application not being considered for membership.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

*The undersigned applicant whom affirms that the statements herein are true under penalties of perjury.*

Signature Witnessed by: \_\_\_\_\_ Date: \_\_\_\_\_

**Non-refundable application fee of \$10 (cash) included: Yes: \_\_\_\_\_ Accepted By: \_\_\_\_\_**

## Understanding Applicant's Responsibilities as a Member

In connection with my application for membership with the Webster Volunteer Fire Department and North East Joint Fire District, I hereby authorize said departments and any authorized agent acting on their behalf to conduct an investigative report on my background. I also understand I will be interviewed by the Membership Committee upon my application.

I further understand and agree that any false or misleading information given on my application or during my membership interview is considered grounds for dismissal and may result in my termination at the department's option. I further give said departments lasting permission to reinvestigate my background at any time in the future during my term of membership with them for any reason they deem necessary.

In the event that I move out of the protective district of the Webster Volunteer Fire Department and North East Joint Fire District, or no longer desire to become a member, I will inform the Department by letter.

I agree to obey all federal, state, and local laws, and uphold the Articles in the Webster Volunteer Fire Department Constitution and the By-Laws, and abide to the Department's Code of Conduct while acting as a member of this Department.

I understand that this is a volunteer position, that I will not receive a paycheck for my services, and that if approved for membership, must pass a physical examination, and may be required to successfully pass a drug screening examination. I also understand that I must pass basic training, will be expected to meet specific qualifications for my classification, meet annual training requirements, and meet specific levels of participation based on years of service. Failure to meet any of these requirements could result in removal from active service or removal from the department. I further understand that during my probationary period (minimum 1 year), I can be dismissed for any infraction, and that disciplinary action can also be taken by the Commissioners of the North East Joint Fire District.

I understand that if approved for membership, I will be issued training materials, protective equipment, clothing, radio equipment, keys to the facilities, as well as other various items, and that these are all the property of the Webster Volunteer Fire Department and/or the North East Joint Fire District, and must be returned upon request or upon leaving the district or department. In the event that items are returned, they must be returned directly to an officer or agent of the department/district, and not just left in the fire hall(s). Legal actions may or will be taken if all items issued are not returned upon 30 days after leaving or dismissal from the Department.

I understand that this application for membership does not create an express or implied contract of employment nor guarantee membership for any definite period of time. I agree to my name being placed on the list of prospective members of the Webster Volunteer Fire Department and /or North East Joint Fire District, and my application shall be processed in numerical order pending successful completion of the above background check and passing of the physical examination required by the North East Joint Fire District and OSHA.

### I the undersigned have read, and understand, these statements;

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Applicant)

Signature Witnessed by: \_\_\_\_\_ Date: \_\_\_\_\_  
(Name & Title)

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#### (FOR INTERNAL USE ONLY)

Application Received: \_\_\_\_\_ Interview Date: \_\_\_\_\_ Investigation Report: \_\_\_\_\_

Physical Report Passed: Yes: \_\_\_\_\_ No: \_\_\_\_\_ Date: \_\_\_\_\_ Assigned #: \_\_\_\_\_

Acceptance Date: \_\_\_\_\_

# NORTH EAST JOINT FIRE DISTRICT

## Webster Volunteer Fire Department Inc.

P.O. Box 361, Webster NY 14580

Tel: (585) 872-9526 Fax: (585) 486-1108

www.nejfd.org

### APPLICANT'S AUTHORIZATION FOR RELEASE OF INFORMATION

In order to confirm the information I supplied on my application for membership with the Webster Volunteer Fire Department Inc. and North East Joint Fire District, I authorize all licensing agencies, educational institutions, law enforcement agencies, present and former employers, and the military services to disclose their relevant records about me to the Webster Volunteer Fire Department Inc. and/or North East Joint Fire District, whether the information be of public, private or confidential nature; and I release them from any liability 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 released.**

**I understand that this form may accompany requests for official documents and confirmations of my credentials.**

\_\_\_\_\_  
(Please Print) (Applicant's Full Name)                      (Applicant's Signature)                      Date

Witnessed by:

\_\_\_\_\_  
Name and Title (Please Print) (Signature)                      Date

Witnessed by:

\_\_\_\_\_  
Name and Title (Please Print) (Signature)                      Date

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## PRIVACY NOTIFICATION

**Section 94 of the Public Officers Law (Personal Privacy Protection Law)** requires that you be notified of the following fact 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 you are applying;

Be released to the Fire Chief and potential supervisors;

Be maintained in your personnel file (if you become a member) or in our resume file for (6) six months (if you are not a fire company member).

**Failure to provide the information or authorizations will result in your application not being considered for membership.**

The information provided will be maintained by Webster Volunteer Fire Department and /or North East Joint Fire District, at 35 South Avenue, Webster, NY 14580.

**I the undersigned have read and understand these statements;**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

(Applicant)

Signature Witnessed by: \_\_\_\_\_ Date: \_\_\_\_\_

(Name & Title)

