

Cheshire Volunteer Fire Department



Station # 1

**4285 Route 21 South
Canandaigua, NY 14424
585-394-1133**

Station#2

**5439 Route 5 & 20
Canandaigua, NY 14424
585-394-1874**

www.cheshirevfd.com

MEMBERSHIP APPLICATION

ATTAINMENT OF MEMBERSHIP IN THE CHESHIRE VOLUNTEER FIRE DEPARTMENT, INC.

1. The application is completed and returned along with the non-refundable application fee of \$8.00. This includes the first year's membership dues of \$5.00.
2. The authorization for release of information form must be filled out by the applicant. It will be used by the Cheshire Volunteer Fire Department, or its agents to obtain a criminal background check. An arson check is also required by New York State law.
3. A copy of your current driver's license must be included with your application submittal (applicants 18 and older only).
4. The Membership Committee will set up an interview with the applicant to review the application and results of the background check. The Membership Committee then reports to the General membership at the next monthly meeting of the department, where the application will be voted on by the membership.
5. A physical exam is required for active and restricted firefighters, either by the applicant's personal physician at their expense, or by the department's physician, which will be paid for by the department. If the applicant uses their personal physician, they will need to provide the department with a release form from their doctor, stating they are physically able to do the work required.
6. All new members are required to begin one of the recognized basic firefighting courses within their first year of membership, and complete it before the end of their second year of membership. In case of extenuating circumstances, the Board of Directors may extend this time. If the course is not completed, the member will be automatically dropped from the membership rolls of the Cheshire Volunteer Fire Department.

5. EDUCATION

Name of School	Dates	Course of Study	Graduated

(if more space is needed, please use attached sheet)

6. EMERGENCY SERVICES EXPERIENCE: (Fire-Rescue, Police or EMS)

A. Name of Agency_____

Address_____

Contact Person_____ Telephone_____

What were your dates of service:_____

What was your reason for leaving?_____

B. Name of Agency_____

Address_____

Contact Person_____ Telephone_____

What were your dates of service:_____

What was your reason for leaving?_____

(if more space is needed, please use attached sheet)

7. EMPLOYMENT HISTORY:

A. Chronologically list your employment history for the last ten (10) years...include part-time, summer and list any periods of unemployment.

May we contact your present employer? () No () Yes

Name and Address of employer	Dates	Duties	Immediate Supervisor	Reason for Leaving
A. (Present Job)				
B.				
C.				
D.				

(if more space is needed, please use attached sheet)

8. MILITARY RECORD:

A. Have you ever served on active duty in the Armed Services? () No () Yes

B. If yes, please indicate the following:

Branch _____ Serial No. _____ Rank _____

Dates of Service: _____ to _____ Type of Discharge: _____

Member of Reserves? () No () Yes Branch _____

Member of National Guard at Present? () No () Yes

9. COURT RECORD:

List all convictions for criminal or traffic violations (except parking tickets) Use attached sheet if needed.

Date	Agency	Charge	Disposition	Comments

10. REFERENCES:

Please list three personal references, **other than members of your family or this organization**, who have known you for at least FIVE years and are residents of Ontario County (where possible).

A. Name: _____

Address: _____

Telephone Number(s) Home: _____ Cellular: _____

References Occupation or Business _____

Number of years known _____

B. Name: _____

Address: _____

Telephone Number(s) Home: _____ Cellular: _____

References Occupation or Business _____

Number of years known _____

C. Name: _____

Address: _____

Telephone Number(s) Home: _____ Cellular: _____

References Occupation or Business _____

Number of years known _____

11. AVAILABILITY

A. Please indicate your availability to participate in normally required activities (meetings, drills, and emergency calls).

Please check the appropriate time periods:

Week Days: Days____ Evenings____ Nights____
Weekends: Days____ Evenings____ Nights____

12. MEDICAL CLEARANCE:

A. Firefighter, EMS driver and Emergency Medical Technician candidates must pass a required physical examination before becoming a member. A designated physician will provide you with a free medical examination.

Will you be willing to undergo a medical examination? Yes____ No____

B. A Restricted Firefighter candidate must provide written clearance from your family doctor stating you are capable of performing the training and operational tasks of a Restricted Firefighter.

13. SPONSORS (CVFD MEMBER):

A. Sponsors (Minimum 1)

B. Please list the names of any acquaintances or family members that are members of this organization:

PRIVACY NOTIFICATION

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 _____

(REQUIRED FOR ALL APPLICANTS UNDER THE AGE OF 18)

PARENT / LEGAL GUARDIAN 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 that 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
- Be maintained in your personal file (if you become a 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 Department Secretary

APPLICANT'S AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION
(NOT required for applicants under 18 years of age)

I _____, do hereby authorize a review and full disclosure of records concerning myself to the Cheshire Volunteer Fire Department, the Ontario County Sheriffs Office and designated persons working on their behalf, whether the information be of public, private, or confidential nature; and I release them from any liability and responsibility from doing so.

The intent of this authorization is to give my consent for full and complete disclosure of records of all licensing agencies, educational institutions, and law enforcement agencies.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release of authorization will be considered in determining my suitability for membership in the Cheshire Volunteer Fire Department. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. I further release the Cheshire Volunteer Fire Department, and the Ontario County Sheriff's Office from any and all liability which may be incurred as a result of collecting such information.

A PHOTOCOPY OF THIS RELEASE WILL BE AS VALID AS AN ORIGINAL THEREOF, EVEN THOUGH THE SAID PHOTOCOPY DOES NOT CONTAIN AN ORIGINAL WRITING OF MY SIGNATURE.

I have read and fully understand the contents of this "Authorization for Release of Personal Information."

Applicant Signature **Date** **Social Security Number**

Witness: (REQUIRED)

Signature **Title**

**Authorization for Release
Of Family Court Records**

I _____, hereby authorize a member of the Ontario County Sheriffs Office to access all pleadings, orders, decrees, and other documents pertaining to myself that are contained in the records of Family Court for the purpose of conducting an investigation pursuant to my application for membership to the Cheshire Volunteer Fire Department.

I understand the record and information disclosed pursuant to this authorization will be retained as Confidential and may not be redisclosed except as necessary for the investigation pertaining to my membership to the Cheshire Vounteer Fire Department.

Your signature affixed hereto must be witnessed.

Signed: _____

Date: _____

Witness: _____

Title of Witness: _____

Notice to Applicant:

If you have indicated that you have been involved in any proceeding in family court **OF** any state, including New York State, you must complete the above authorization for Release of your records. Failure to complete the form will result in a delay in processing your application and may result in the denial of your Fire Department Membership application.

****CVFD USE ONLY****

New Membership Committee Report

The committee wishes to report that they have inquired into the character and competency of the above candidate and report: _____ on the application.

Signed: (Committee) _____

Date: _____

Application Fee Paid: _____

Secretary's Endorsement

This application, accompanied by the application fee, was received from the New Membership Committee and read at a regular meeting on the _____ day of _____, 20____.

Membership vote: _____ aye _____ nay _____ abstaining

_____ Secretary _____ Date