

APPLICATION INFORMATION SHEET

Welcome to the Speigletown Volunteer Fire Company, Inc.

This informational document has been created in an effort to inform and familiarize a prospective member with the guidelines followed by the membership of the Speigletown Volunteer Fire Company, Inc.. It will briefly explain the minimum qualifications needed to become a member and remain a member in good standing, and finally the interview and admission process.

ALL APPLICATION FORMS MUST BE COMPLETED IN THEIR ENTIRETY, INCLUDING THE REQUEST FOR CRIMINAL HISTORY INFORMATION & NEW YORK STATE BACKGROUND CHECK FOR ARSON CONVICTIONS. EACH CANDIDATE WILL ALSO BE REQUIRED TO PASS AN OSHA MEDICAL EXAM, WHICH MAY INCLUDE TESTING FOR ILLEGAL SUBSTANCES.

QUALIFICATIONS TO BECOME A PROBATIONARY OR JUNIOR FIREFIGHTER FOR THE SPEIGLETOWN VOL. FIRE CO. INC.

- You must be at least 18 years of age to apply for probationary membership or 16 years of age for the junior firefighter program.
- You must possess a valid New York State driver's license or other form of picture ID.
- You must reside within ½ mile of the Fire District boundaries, or within the fire district boundaries if a junior firefighter, and have been at your current address for a period of one year, unless you are a transferring firefighter.
- You must be a citizen of the United States or possess legal residence and show proof
- You must have no previous felony convictions.
- If an applicant is rejected for membership, he/she may not reapply for membership for at least two years.

A FIVE (\$5.00) DOLLAR FILING FEE MUST ACCOMPANY THIS APPLICATION AND PAY MEMBERSHIP DUES ANNUALLY.

MINIMUM REQUIREMENTS FOR NEW PROBATIONARY & JUNIOR FIREFIGHTERS.

- New members will be considered on probation for a period of one year.
- New members must obtain N.Y.S. Firefighter I status within the one-year probationary period. (This course is designed to be an introduction to firefighting).
- New members must obtain a FIRST AID card and CPR certification within the one-year Probationary period.
- Must attend 12 drills (Training) per year. Approximately 2 hrs per night. Drills are on Thursday evenings.
- Must attend 2 mandatory work details per year. (Calendar Drive required)
- Must attend 1/2 of the monthly business meetings (6 meetings per year)
- Must attend 20% of the total calls per year.
- Failure to complete these minimum requirements can result in termination of membership.
- **The Junior Firefighter program has separate guidelines and requirements. Contact the Fire Chief for information.**

THE INTERVIEW & VOTING PROCESS FOR PROSPECTIVE PROBATIONARY AND JUNIOR FIREFIGHTERS.

- The application for membership will be read for the first time at the next General Business meeting after the application is received.
- Once the application has been received, and all the criminal history information is received, the applicant will be interviewed by the Membership Review Committee.
- The Membership Review Committee will make its recommendation to the general membership for acceptance or denial, at the General Business meeting following the interview. The committee's recommendation will be based partly on the interview with the prospective candidate.
- A Majority vote of the membership will decide acceptance or denial of the candidate for membership in the Speigletown Volunteer Fire Company Inc.
- If the candidate is accepted, he or she will be notified via mail to report to the next General Business meeting, to be sworn in.
- Any questions regarding the application process should be referred to the Membership Committee of the Department.



APPLICATION FOR MEMBERSHIP

**SPEIGLETOWN FIRE COMPANY
SPEIGLETOWN FIRE DISTRICT
146 Speigletown Rd
Speigletown, NY 12182**

***THIS IS AN EQUAL
OPPORTUNITY
ORGANIZATION***

Candidates for membership should have a sponsor who is a member in good standing. This organization selects its members carefully, and not all candidates are accepted. However, we will make all membership decisions based upon the following principles:

1. Female candidates for membership will be given equal consideration with male candidates.
2. N.Y. State law prohibits discrimination because of age, race, creed, color, national origin, sexual orientation, sex, disability, genetic predisposition or carrier status or marital status of any individual
3. All votes for membership will be cast with the greatest benefit to the community in mind.

Signed,

Date:

Speigletown Fire District
Speigletown Fire Company

**Speigletown Fire Co.
146 Speigletown Rd.
Troy, NY 12182**

APPLICATON FOR MEMBERSHIP

1. _____
(Last Name) (First Name) (MI)
2. _____
(Address) (Apt./Suite No)
- _____
(City, Town, Village) (State) (Zip Code)
3. _____
(Home Telephone) (Work Telephone) (Cell Phone)
4. Are you a U.S. Citizen? If no, do you have the legal right to reside in and accept employment in the U.S.? Y or N
SSN# _____ Alien Registration Number _____
5. How long have you resided at the above address? Years: _____ Months: _____
6. How long have you resided in New York State? Years: _____ Months: _____
7. Are you 18 years of age or older? Yes _____ No _____ If No, state your age _____
Date of Birth _____
8. 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

9. Are you currently employed? Yes _____ No _____
If yes, give organization information below. May we contact your organization as a reference?
Yes _____ No _____
Name of Company _____
Address _____
10. Do you have a valid New York State Drivers License? Yes _____ No _____
License ID # _____ (a copy of you state drivers license is required)

**Speigletown Fire District
Board of Commissioners**

**Speigletown Fire Company
Board of Directors**

11 Please indicate your availability to participate in normally required fire department activities (meetings, drills, and emergency calls), please check all that apply:

Week Days: Days _____ Evenings _____ Nights _____

Weekends: Days _____ Evenings _____ Nights _____

I am interested in being Active _____ Social _____ A Patron _____

12 Previous emergency service experience: (include only fire, rescue, police, and emergency medical service agencies).

Name of Agency _____

Address _____

Contact Person _____ Telephone _____

13 Have you ever been a member of the United States Armed Forces? Yes _____ No _____

If "yes" did you receive 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 service dates).

14 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 under Additional Details.

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

Name: _____ Telephone: _____

Address: _____

Name: _____ Telephone: _____

Address: _____

Name: _____ Telephone: _____

Address: _____

16 Please list the names of the members of this organization who are sponsoring you:

**Speigletown Fire District
Board of Commissioners**

**Speigletown Fire Company
Board of Directors**

17 OSHA regulations require that you pass a physical examination before becoming an interior structural firefighter. The departments designated physician will provide you with a free medical examination. Will you be willing to undergo a medical examination? Yes _____ No _____

18 All candidates under the age of 18 must obtain prior approval of a parent or legal guardian before an application can be reviewed.

Parent or Legal Guardian Signature _____

(Print) _____

19 In case of an emergency list a contact we can contact

Name _____ Relationship _____

Phone _____

20 I agree that I will abide by Company By-Laws and Rules of the Speigletown District Volunteer Fire Co. Inc.

Applicant Signature _____

Date _____

21 I agree to allow the Speigletown Fire Co. to obtain a copy of my MVR (driving record) from the NYS DMV.

Applicant Signature _____

Date _____

Additional Information

**Speigletown Fire District
Board of Commissioners**

**Speigletown Fire Company
Board of Directors**

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 _____

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 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 _____ of the Speigletown Fire Company.

PLEASE READ CAREFULLY AND SIGN BELOW

APPLICANTS AUTHORIZATION FOR RELEASE OF INFORMATION

I certify that the information provided in and incorporated by reference into this application and all other information I provide during the application process is true and complete and I understand that any misrepresentation or omission may be justification for rejection of my application or cause for terminating my membership at any time. I also understand that any offer of membership or continuance of membership will be based upon satisfactory references and my ability to document legal citizenship or the right to accept membership within the Speigletown Fire District. I hereby release from all liability or damages, those persons, agencies, and organizations who may furnish information in connection with my inquiry for membership. These agencies may include but not limited to all licensing agencies, educational institutions, law enforcement agencies, present and former organizations, and the military services. I understand that if I am offered membership, it will be conditioned on my cooperating with and satisfactorily completing a background search of State Division of Criminal Justice Criminal History records, as well as a pre-employment drug screen and arson background check relative to the membership for which I am being considered. I understand that I may also be required to undergo subsequent physical examinations after I am hired and be photographed as a condition of membership. In the event that I leave this membership, I agree to return all SDVFC property issued to me. I understand that my membership can be terminated with or without cause, and with or without notice, at any time at the option of either the Speigletown District Volunteer Fire Company or myself. I understand that no Speigletown District Volunteer Fire Company or Fire District representative has any authority to enter into ANY agreement of membership for any specified period of time, or to make any agreement contrary to the foregoing.

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

Applicant Name (Please Print) _____

Applicant Signature _____

Date _____

Witnessed by :

Name and Title (Please Print) _____

Signature _____

Date _____

Membership Application Checklist

- Application Submitted _____
- Received by Financial Secretary _____
- Copy Sent to Commissioners _____
- Copy Sent to the Chief _____
- Approved by Commissioners _____
- Back Ground Checks Complete _____
- Drug Screen Complete _____
- DMV/MVR Complete _____
- Membership Committee Review _____
- Presented to the Membership _____ Voted Yes No