

**ONESQUETHAW VOLUNTEER FIRE COMPANY, INC.**  
**Clarksville - Feura Bush - Unionville**

**APPLICATION FOR MEMBERSHIP**

Name in Full \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

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

Are you 18 years of age or older? YES \_\_\_\_\_ NO \_\_\_\_\_ If "NO", state your age \_\_\_\_\_

Are you currently employed? YES \_\_\_\_\_ NO \_\_\_\_\_ If "YES" give employer information below. May we contact your employer as a reference? YES \_\_\_\_\_ NO \_\_\_\_\_ Employer Name \_\_\_\_\_

Employer Address \_\_\_\_\_ Employer Phone \_\_\_\_\_

Do you have a valid New York State Drivers License? YES \_\_\_\_\_ NO \_\_\_\_\_ Are you available to respond to an alarm of fire during the day? \_\_\_\_\_ During the evening? \_\_\_\_\_ Are you available to attend Drills on Monday evenings? YES \_\_\_\_\_ NO \_\_\_\_\_ Are you able to attend a meeting on the 1st Thursday of each month? YES \_\_\_\_\_ NO \_\_\_\_\_

Do you have any previous emergency service experience? (Include only fire, rescue, police and emergency medical service agencies) \_\_\_\_\_

Have you ever been a member of the United States Armed Forces? YES \_\_\_\_\_ NO \_\_\_\_\_ Branch? \_\_\_\_\_

Have you ever been convicted or pled guilty to a felony or misdemeanor? YES \_\_\_\_\_ NO \_\_\_\_\_

Have you ever been convicted or pled guilty to arson or insurance fraud? YES \_\_\_\_\_ NO \_\_\_\_\_

Have you ever been convicted or pled guilty to a reduction of one of those offenses? YES \_\_\_\_\_ NO \_\_\_\_\_

Please list three personal references, other than members of this organization or family members, who have known you for at least 3 years.

\_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

List any acquaintances that are members of this organization. \_\_\_\_\_

OSHA regulations require that you pass a physical examination before becoming an interior structural firefighter. This company'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 OBTAINED HEREIN WILL REMAIN CONFIDENTIAL AND WILL BE USED ONLY FOR INTERNAL MEMBERSHIP PROCESSING.**

UNDER THE PENALTIES OF PERJURY, I AFFIRM THAT THE STATEMENTS MADE HEREIN ARE TRUE.

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 released to the fire chief 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 Company President of the: Onesquethaw Volunteer Fire Company, Inc.  
PO Box E  
Clarksville, NY 12041

**Type of membership being applied for: (Active) (Associate) Membership in the Onesquethaw Vol. Fire Co., Inc.**

**APPLICANT, DO NOT WRITE IN THE BOXED AREAS BELOW!**

**Approved By the District Membership Committee of the Onesquethaw Volunteer Fire Company, INC.**

_____	Date _____	_____	Date _____
_____	Date _____	_____	Date _____
_____	Date _____	_____	Date _____

Date Application: Officially Received by OVFC: _____	Date Application: Sent to TOS Board: _____
Received Back from TOS Board: _____	Date Sworn In As a Member: _____
Date of Birth _____	SS# _____
Drivers License # _____	Type _____ State _____

Badge No. _____	<i>This section is to be completed after new member is sworn in.</i>
The undersigned, being a member of the Fire Company, does hereby make application for a badge. I fully understand the duties and responsibilities affecting such membership and will, to the best of my ability, gainful occupation permitting, faithfully perform the duties of an active volunteer firefighter as imposed upon me by the Constitution and By-Laws of the Fire Company and will obey any and all lawful orders without question, issued me by any of the company or district officers.	
Signed _____	Date _____
Applicant	APPLI001.DOC 05/18/99