

Verdoy Volunteer Fire Association

Firefighter Application



Name: _____

Address: _____

City/State/Zip: _____

Home Phone #: _____

Business Phone #: _____

Cell Phone #: _____

Email Address: _____

Verdoy Volunteer Fire Association

Tel. 518-785-7291



Fax. 518-785-6044

988 Troy Schenectady Road
Latham, NY 12110

Dear Prospective Volunteer Firefighter:

The purpose of this letter of introduction is to inform you of the steps involved in becoming a Volunteer Firefighter with the Verdoy Volunteer Fire Association, located in the Town of Colonie.

You should be aware that sensitive and confidential aspects of your personal life will be treated as such but may be explored during the process. The process is expected to take 30 to 60 days. (Longer intervals are possible in some cases.)

Candidates must successfully complete each step of the process before being accepted. Elements in the acceptance process shall include, but are not limited to:

- 1) Complete the entire application.
- 2) Meet with the Membership Committee and have the opportunity to ask questions about being a volunteer firefighter.
- 3) You will be required to pass an OSHA physical examination. The Department's designated physician will provide you with a free medical examination.
- 4) Possess a valid NYS Driver's License that is accepted by the department's insurance carrier.
- 5) New York State required Arson Background Check.
- 6) Following acceptance of your application by the membership, all new members must be approved by the Board of Fire Commissioners of the Verdoy Fire District.

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APPLICATION FOR MEMBERSHIP

Date: _____

1. _____
(Last Name) (First Name) MI)

2. _____
Address Apt/Suite No

3. Telephone (____) _____ (____) _____
Home Cell

4. How long have you resided at the above address? Years: _____ Months: _____

5. How long have you resided in New York State? Years: _____ Months: _____

6. Date of Birth: _____

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" please explain _____

8. Are you currently employed? Yes ___ No ___ If "Yes" give employer information.
May we contact your employer as a reference? Yes ___ No ___
Name of Company _____
Address _____
Telephone _____ Contact name _____

9. Do you have a valid New York State Driver's License? Yes ___ No ___

10. Do you have any disability which would hinder your performance of the essential functions required in the volunteer fire service for which you have applied? Yes ___ No ___ If yes, please explain: _____

11. Previous emergency service experience: (include only fire, police, and EMS).

Name of Agency: _____

Address: _____

Telephone _____ Contact name _____

(Please attach a copy of any certificates of training)

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

Branch of service: _____

13. Have you ever been convicted or pled guilty to a felony, misdemeanor, insurance fraud, arson or a reduction of one of these offences? Yes _____ No _____ If "Yes" explain:

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. In paragraph form and your own handwriting, state your reasons for considering service as a volunteer firefighter: _____

Any false statements in the above will be an automatic rejection of the application, and dismissal from the Fire Department if discovered at a later date.

_____ Date: _____
Applicant's Signature

Proposed By: _____
Name Signature

(Department use only - Do not write in this section)

Date of Application: _____

Date of OSHA Physical: _____

Date of Driver's License check: _____

Date of Arson Background check: _____

Date of Association acceptance: _____

Date Probationary Membership starts: _____

Date of BOFC approval: _____

Date Full membership: _____

Membership Committee:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____

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APPLICANT'S AUTHORIZATION FOR RELEASE OF INFORMATION

In order to confirm the information I supplied on my application for membership with the Verdoy Fire Department, 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 Verdoy Volunteer Fire Association whether the information be of public, private or confidential nature; and I release them from any liability and 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 requested.

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

Applicant's Name (please print)

Applicant's Signature

Date

Witnessed by:

Name and Title (please print)

Signature

Date