

## *New Salem Volunteer Fire Department*

### Prospective Firematic Member:

Fire fighting can be very hazardous and your safety and the safety of your peers is, in most cases, dependent on discipline, procedure and policy. You will learn procedure and policy by attending various schools and drills. In the event of a fire, people's lives and total possessions, including their home, are in jeopardy. They rely on us and expect that we, as volunteer firemanic members, are indirectly advertising to the residents of our Fire District that we are ready, willing and able to respond to their emergency. We are ready, but it takes dedicated members and properly maintained equipment to do the job. Fires and other emergencies that we may be called upon to answer, don't always come at a convenient time for us, but we must do our best to be there.

As with any volunteer organization, there is not much reward other than self-satisfaction of a job well done and pride. After a fire you pack up, go back to the fire station and prepare the equipment for the next emergency, and then you go home. You might have lost a nights sleep, but you think of what the person who had the fire might have lost if it weren't for volunteers like you.

Explain to the candidate the following:

- a) Procedure for excusing ones self from meetings and truck details: (contact an officer)
- b) Schools that are available periodically and locations (provide copy of Fire School Brochure).
- c) The reputation of the Fire Dept. and ones representation of the Fire Co. while wearing a Fire Co. jacket, hat or any other insignia identifying the Fire Dept.
- d) Equipment and clothing that will be issued to each member and their responsibility for maintenance of each item (i.e. parade uniform, bunker pants, gloves, boots, Nomex hood etc.).
- e) Ones choice of purchasing ones own fire fighting gear, jackets, etc. and the Company policy of contributing towards same (amounts vary depending on wording of resolutions approved by the body).
- f) One must learn how to operate the trucks and pump panels before one is allowed to assume the responsibilities for their operation. Instruction is available through truck details, drills, and special requests made to your training officer or other officer of the Department.
- g) Inform the candidate that the department has a policy governing the use of the Fire Hall and other facilities and equipment. Guidelines can be explained to the candidate at a later date. General rules etc. governing Fire Dept. property usage should be posted on the bulletin boards.
- h) Volunteer participation in Department Social functions is welcomed, i.e. Fish Fries, Parades, Funerals, Fund Drives, Fairs, Parties etc.
- i) Annual Dues as explained in the Application.
- g) Provide copy of the LOSAP Rules, NSFD By-Laws, Call List, Equipment List, SOP's, Map of District etc..

Process for application:

- 1 Submit completed form to NSFD Membership Director
- 2 Pre-Membership interview discussing all the above.
- 3 Vote on by Board of Directors for Probationary membership.
- 4 Accepted as Full Member upon completion of prescribed requirements.

***New Salem Volunteer Fire Department  
694 New Salem Rd.  
Voorheesville, NY 12186***

**APPLICATION FOR MEMBERSHIP**

1. \_\_\_\_\_  
(Last Name) (First Name) (Middle Initial)

2. \_\_\_\_\_  
(Address) (Apt./Suite No.)

\_\_\_\_\_  
(City, Town, Village) (Zip Code)

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

E-Mail: \_\_\_\_\_ \_\_\_\_\_  
(Home) (Work)

4. How long have you resided at the above address? Years \_\_\_\_\_ Months \_\_\_\_\_  
(If less than one year, give previous address and time in residence in the Additional Information Section provided on page 6.)

5. Are you 18 years of age or older? Yes \_\_\_\_\_ No \_\_\_\_\_ If No, state your age: \_\_\_\_\_  
(If Under 18 years of age, please ensure you completely fill out page 9 as well.)

6. Are you currently employed? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give details below.

May we contact your current / previous employer? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Company \_\_\_\_\_

Address \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Less than one year at current employer? Yes \_\_\_\_\_ No \_\_\_\_\_  
(If less than one year, give previous employer in the Additional Information Section provided on page 6.)

7. Do you have a valid Drivers License? Yes \_\_\_\_\_ No \_\_\_\_\_

License Number \_\_\_\_\_ State \_\_\_\_\_

Has your drivers license ever been suspended or revoked? Yes \_\_\_\_\_ No \_\_\_\_\_  
(If Yes, give details in the Additional Information Section provided on page 6.)

8. Please indicate your availability to participate in normally required Fire Department activities (meetings, drills and emergency calls);

Week Days:

Days \_\_\_\_\_ Evenings \_\_\_\_\_ Nights \_\_\_\_\_

Weekends:

Days \_\_\_\_\_ Evenings \_\_\_\_\_ Nights \_\_\_\_\_

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

Name of Agency \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone: (       ) \_\_\_\_\_

(If more space is needed, use the Additional Information Section provided on page 6.)

10. Have you ever been convicted or pled guilty to a violent crime or crime related to insurance fraud or arson, or a reduction of one of these offenses? Yes \_\_\_\_\_ No \_\_\_\_\_

(If Yes, give details in the Additional Information Section provided on page 6.)

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

A. Name: \_\_\_\_\_ Tel.: (       ) \_\_\_\_\_

Address \_\_\_\_\_

B. Name: \_\_\_\_\_ Tel.: (       ) \_\_\_\_\_

Address \_\_\_\_\_

C. Name: \_\_\_\_\_ Tel.: (       ) \_\_\_\_\_

Address \_\_\_\_\_

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

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

13. OSHA regulations require that you pass a physical examination before becoming an Interior Structural Firefighter. The department’s designated physician will provide you with a free medical examination. Will you be willing to undergo a medical examination? Yes \_\_\_\_\_ No \_\_\_\_\_

***Please read and initial the appropriate box or boxes below***

14.  “I request Non-Resident membership pursuant to Article II, Section 6A of the By-Laws of the New Salem Volunteer Fire Department”
- “If my application is accepted, I agree to abide by the By-Laws, Rules and Regulations of the department.”

(Prior to July 1<sup>st</sup>, a \$3.00 annual dues payment must accompany this application. If application for membership is made after July 1<sup>st</sup>, a \$1.50 dues payment is required. A full refund of dues will be made should the applicant not fulfill the requirements for active membership.)

15. Please provide the following information of whom to contact in case of emergency:

Name \_\_\_\_\_

Relationship \_\_\_\_\_

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, Town, Village) (State) (Zip Code)

Phone: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
(Home) (Work)

ADDITIONAL INFORMATION SECTION

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**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 \_\_\_\_\_, \_\_\_\_\_ BY THE UNDERSIGNED  
(day of month) (month) (year)

APPLICANT WHO AFFIRMS THAT THE STATEMENTS MADE HEREIN ARE TRUE UNDER THE PENALTIES OF PERJURY.

APPLICANTS 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 you 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).
- be utilized to conduct an Arson Background Check in accordance with State and Local Laws.

Failure to provide the information or authorization will result in you application not being considered for membership.

The information will be maintained by the Director of Membership, New Salem Volunteer Fire Department, 694 New Salem Rd., Voorheesville, NY 12186; (518) 765-2244.

***NEW SALEM VOLUNTEER FIRE DEPARTMENT***

**APPLICANT'S AUTHORIZATION FOR RELEASE OF INFORMATION**

In order to confirm the information I supplied on my application for membership with the New Salem Volunteer 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 New Salem Volunteer Fire Department 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 any requests for official documents and confirmations of my credentials.

APPLICANTS NAME: \_\_\_\_\_  
(Please Print)

APPLICANTS  
SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

WITNESSED BY: \_\_\_\_\_  
(Please Print)

WITNESSES  
SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_



# New Salem Volunteer Fire Department, Inc.

## PARENT OR GUARDIAN PERMISSION

(ONLY FOR APPLICANTS THAT ARE NOT YET 18 YEARS OF AGE)

Minor's Name in full \_\_\_\_\_

Age \_\_\_\_\_

Home Address \_\_\_\_\_

Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_

SS# \_\_\_\_\_

Drivers License # \_\_\_\_\_

Type \_\_\_\_\_ State \_\_\_\_\_

Do you own and operate your own car? \_\_\_\_\_  
available? \_\_\_\_\_

If not, do you have transportation

Person to Contact in an Emergency: \_\_\_\_\_

Emergency Contact Phone Number(s): \_\_\_\_\_

I (we), \_\_\_\_\_ do hereby give permission for \_\_\_\_\_

*To become a member of the New Salem Fire Department, Inc. I (we) further understand that by becoming a member of the fire department my son / daughter will participate in all fire department activities which include but are not limited to: exterior fire fighting, training, fund raising and other activities as deemed necessary by the officers of the department. All members under 18 years of age **MUST** maintain a passing grade in **All** subject matters to remain eligible to participate in any fire department activities. No member under the age of 18 years will be permitted to enter a burning structure at any time. At 18 years of age, your son/daughter may choose to become trained in Interior Fire Fighting.*

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

Applicant

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

Parent or Guardian

**To be completed only after Board acceptance as a NSVFD Probationary Member**

*Strictly Confidential, for Department Use Only*

**New Salem Volunteer Fire Department Member Information**

Member Name: \_\_\_\_\_  
Last MI First

Date of Birth: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Introduced by: \_\_\_\_\_  
Last MI First

Application Date: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Dues submitted: \$ \_\_\_\_\_  
(amount)

Investigated by: 1) \_\_\_\_\_  
2) \_\_\_\_\_  
3) \_\_\_\_\_

Board Application Approval Date: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Full Membership Approval Date: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(Completed all requirements and received Board approval for full membership.)

Training Officer: \_\_\_\_\_  
Last MI First

'Essentials of Firefighting' Completion Date: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Probation Status: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(i.e. date off probation, status, extensions, provide details)

Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Director of Membership: \_\_\_\_\_  
Last MI First