

O. L. DAVIS FIRE COMPANY
INSTRUCTIONS TO APPLICANT

Please fill out the attached application for membership.

PLEASE NOTE THE FOLLOWING:

- You must be a resident of the Endwell Fire District.
- You must be at least 16 years of age to join (16 & 17 year old require parental permission)
- You will need to list two references who are not relatives and are over the age of 18 years of age, whom you have known for at least three (3) years.
- You must sign the release form attached to the application and submit with your application so that a background check may be done. New York State requires a background check for arson convictions.

The following process occurs when an application is submitted for membership. The process may take approximately 2 months for completion:

1. The application is read before the fire company at the next monthly meeting.
2. The application is then submitted to the membership committee. If you are under 18 you will be required to bring a parent or legal guardian to your interview who will have to sign the consent portion of the application at that time. At this meeting you will be advised on the requirements for membership.
3. New York State Law now requires an arson conviction criminal history check. Anyone with a conviction for arson may not join any volunteer fire company.
4. When you come in for your interview you must bring in your New York State Driver's license and some other form of identification (college or work ID card, birth certificate, etc.) to verify your identity.
5. If you have previously belonged to another fire company you must provide a letter of release, signed by the Chief or a company officer of the former fire company.
6. Following the interview the membership committee will report back to the fire company. Then the entire fire company in attendance will vote on the application.
7. The applicant will be notified via mail of the fire company's decision. If accepted you will be given instructions on when to report.
8. A doctor's physical is required for firefighters. Forms and information on this will be sent to you following acceptance. This must be done before you can begin any training.

Any time during the process, should you have any questions, or wish to withdraw your application, contact the fire district office at 785-0985. Office hours are Monday to Friday, 9:30 am to 4 pm or you may leave a message on the answering machine and someone will return your call.

REMOVE THIS INSTRUCTION SHEET AND KEEP FOR YOUR RECORDS!!!**



ENDWELL FIRE DISTRICT

3508 Country Club Road
Endwell, New York 13760
Business Office (607) 785-0985
Fax (607) 785-6718
E-mail: endwellfire@endwellfire.com

EMERGENCIES 911

CONSENT FOR RELEASE OF INFORMATION

I, _____ (please print your name), do hereby authorize the release of any and all information about myself from any source deemed necessary, to a representative of the O. L. Davis Fire Company / Endwell Fire Department, prior to me being considered for membership in the Endwell Fire Department / O. L. Davis Fire Company:

This release includes information on all of the following:

- Criminal History
- Education Verification (fire courses only)
- References
- Public Safety Records
- Driver's License Abstract
- Past fire company Personnel Records
- Other

Only relevant information obtained through this investigation shall be considered for membership purposes.

Signature

Date

Date of birth

Any other name by which you have been known

O. L. Davis Fire Company

Application for Membership

Name _____

Have you previously applied for membership in the O.L. Davis Fire Company? If yes, when?

Why do you want to join the O.L. Davis Fire Company?

Present Address _____

Previous Address _____

(If present address is less than 3 years)

Telephone number () _____ Cell phone number () _____

Email address _____

Are you 18 years or older? Yes____ No____ If 'No', state your age _____

Citizen of the U.S.A? Yes____ No____

Do you have a valid NYS Drivers License? Yes____ No____ Lic. # _____

Are you currently employed? Yes____ No____

EMPLOYMENT HISTORY -- Beginning with your current or most recent employer, list below present and past employers.

Name and Address _____ From (M/YR) To (M/YR)

1) _____

2) _____

3) _____

EDUCATION HISTORY --

Are you a full time student? Yes____ No____

If 'Yes', school currently attending _____

If 'NO', highest level completed _____

CONVICTIONS AND JUDICIAL PROCEEDINGS –

A. Criminal

1. Have you ever been arrested for, or convicted of any violation of the law, in any jurisdiction? (Exclude traffic or parking offenses, but include juvenile delinquency, youthful offenders, or adjudication).

___NO ___YES If 'YES', list below

Date	Charge	Court	Police Agency	Disposition
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a) _____

b) _____

c) _____

*Attach a separate sheet if necessary

2. List below all traffic offenses and parking violations that you have received:

___Not applicable

Date	Charge	Court	Police Agency	Disposition
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a) _____

b) _____

c) _____

*Attach a separate sheet if necessary

3. Have you received any traffic or parking violations for which you cannot remember the date, charge, or location? ___No ___Yes

4. Are there now pending against you any proceedings or charges involving any violation of the law, or any fines or penalties, which have not been paid?

___No ___Yes If 'Yes,' give details:

GENERAL HISTORY:

List any military experience:

Have you ever been a member of another fire department? Yes___ No___

If 'Yes', give details, including where, # of years, offices held, and if you are currently a member. If currently a member, you will need a letter of release.

References: Please provide two persons (non-relatives) who have known you for at least 3 years

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

MEMBERSHIP CLASSIFICATION:

We have several different categories of membership as shown below. If you know what you want to do, please indicate by checking that particular category.

Firefighter (interior and exterior)

Firefighting requires certain physical and mental abilities. Common requirements include wearing Endwell Fire Department issued firefighting turnout gear; wearing an air pack to perform some firefighting duties; carrying, setting and climbing ladders; pulling and stretching hose lines to attack fires; rolling and loading hose lines on apparatus; carrying hand tools; entering buildings where fire and other hazardous conditions exist; performing duties at motor vehicle accidents; and other types of duties.

Scene Support (exterior only)

Firefighting requires certain physical and mental abilities. Common requirements include wearing Endwell Fire Department issued firefighting turnout gear; carrying, setting and climbing ladders; pulling and stretching hose lines to attack fires; rolling and loading hose lines on apparatus; carrying hand tools; entering buildings where hazardous conditions exist; performing duties at motor vehicle accidents; and other types of duties.

Fire Police

Fire Police watch the backs of the firefighters as they perform their duties. Belonging to the Fire Police requires certain physical and mental abilities. You may be spending a good deal of time standing out in the road in traffic. Common requirements include wearing Endwell Fire Department issued fire police turnout gear; responding to incidents where fire and other hazardous conditions exist; performing duties at motor vehicle accidents; and other types of incidents.

Auxiliary Personnel

The purpose of the Auxiliary Personnel is to not only promote the welfare of the O.L. Davis Fire company but to render any possible assistance to the O.L. Davis Fire Company as it performs its activities through the Endwell Fire Department or interacts with the public in its other activities. Some of these responsibilities include responding to the scene of an incident to provide rehydration and rehabilitation when called upon by incident command, planning and working at fundraisers and other work details as may be requested.

Support Personnel (non- incident related service)

The purpose of the Support Personnel is to afford Endwell residents who may not want to have anything directly to do with any kind of emergency response but would like the opportunity to volunteer their time for public service a place to do so. If you have a specific skill set that would benefit the O. L. Davis Fire Company or the Endwell Fire Department, we may have a place for you.

Notice to applicant: Please read the following section carefully before signing

This application will be investigated by the committee for character references and for any criminal convictions. If found by the investigation that the above references prove negative, or if convicted of a crime, this application may not be accepted by the committee. If accepted by the committee, this application will be presented to and must be accepted by the O. L. Davis Fire Company for membership approval.

I understand that misrepresentation or omission of facts called for will not be interpreted in my favor.

I agree to the service of legal process at my last known address in the Endwell, N.Y. Fire District.

Agreement: I, the undersigned, do swear that the answers to the above questions are true and I understand that any false answers may be cause for my dismissal from the company

Signature of Applicant _____ Date _____

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This section to be filled out if the applicant is under the age of 18 years of age and is to be signed in the presence of the Investigating Committee.

Signature of Parent of Guardian _____ Date _____

.....
Scheduled date of First Reading _____

ARSON BACKGROUND CHECK

NAME: (LAST, FIRST, MIDDLE)		
ADDRESS:		
NICKNAME(S)/ ALIAS AND/OR MAIDEN NAME:		
SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RACIAL APPEARANCE WHITE BLACK INDIAN ASIAN UNKNOWN OTHER <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
ETHNICITY: <input type="checkbox"/> HISPANIC <input type="checkbox"/> NOT HISPANIC <input type="checkbox"/> UNKNOWN	HEIGHT _____ Feet inches	DATE OF BIRTH _____ Month Day Year
PLACE OF BIRTH		
SOCIAL SECURITY NUMBER:		