

Application Instructions

Thank you for considering membership in the Oriskany Fire Department. You have taken the first step at joining an organization that touches those far beyond the limits of our fire district and becoming part of an on-going tradition of neighbors helping neighbors since 1900.

We could like to take a moment to explain our application process. Once your application is received (completed, signed by your doctor and accompanied by a \$5.00 Initiation Fee), it will be brought before the entire membership at the next monthly meeting (the first Tuesday of every month). A date will be set up to meet with the investigating committee so they can interview you. After this committee meets with you, they will make their recommendation to the body at the next regular meeting. A vote of the members present will be held to determine your acceptance or rejection.

The entire process takes well over a month. It depends on when you application is turned in. It will be brought to the department's attention at one meeting and then voted on the following meeting (usually 30 days or so). If you are accepted, you name will then be forwarded to the Village Board for final approval and placement on the departments insurance in case of injury during duty. Below are instructions on how to fill out the application. If you have questions, please contact any member and they should be able to assist you or you can contact the fire station and someone will return your call (736-3221)

Again, thank you and hopefully we can welcome you aboard shortly.

Instructions:

-General Information:

Fill in all your personal information and sign

-Emergency Contact

This information will be added to your personal folder in the event of an emergency

-Background Information:

Please not that this section asks arrested and/or convicted. Unless it is an arson conviction, you are not automatically barred from membership.

-Work History:

A brief history of your employment and fields of specialty if applicable

-Personal References:

Please list 3 references with phone numbers that are not members of the fire company that you have know for at least 5 years.

-Prior Experience- List any prior fire or EMS experience even if it is not associated with a fire company or ambulance. Also, list the time you may be available for calls, training and other functions. (Availability is not definitive time frame and can change)

-Interview:

Each member is asked why they would like to become a member. Briefly explain your reason.

-Affirmation:

Please sign (if under 18, a parent must also sign) stating that all the information on the application is true and accurate.

-Endorsement:

The application must be signed my at least two current members in good standing of the fire department.

-Hippa Compliant Health Information Release:

This must be filled in for medical history reasons. Please sign and date so your personal file can be up to date.

-Privacy Notice

This is just a notice informing you under the law what and how we use your information and the storage of same.

Secretary's Endorsement and Investigating Committee:

Leave Blank – Department use only

**** There is also attached to the application a **criminal history form**. ****

You must place the appropriate information in boxes 2-12 and 14. It must then be returned with the application.