



ORISKANY INDEPENDENT FIRE AND HOSE COMPANY, INC.

Application for membership



VERSION 3.2020

ORISKANY FIRE DEPARTMENT
708 Utica St., Oriskany NY 13424

Email: Chief@oriskanyfd.com or President@oriskanyfd.com with questions.



Oriskany Independent Fire & Hose Company Inc.

PO Box 217, 708 Utica Street
Oriskany, New York 13424
(315) 736-3221

WWW.Oriskanyfd.com

Application For Active Membership

Name: (Last, First, Middle):	Social Security #	-	-
Current Street Address:	PO Box:		
City, State, Zip:	How long living there:		
Phone: (H):	(W):	(C):	
Applying For: ____FIREFIGHTER/EMS/Fire Police		____ Probationary (Jr 16-17 YR)	____ Auxiliary

Section 1: Personal Data

Birth Date:	____ 16/17	____ Under 21	____ Male	____ Female
Occupation:				
Drivers License #	State:	Class	Exp. Date	
Has your driver's license ever been suspended /revoked? ____ Yes ____ No				
If yes, explain giving dates, etc.				

Section 2: Emergency Contact Information

Name	Relationship		
Address			
Phone (C)	(H)	(W)	
Doctors Name		Phone	
Height	Weight	Age	
Present Physical Condition			
Are you currently under the care of a physician for any reason? ____ Yes* ____ No			
Have you ever been on Workmen's Compensation or Disability? ____ Yes* ____ No			
**If yes, please state care, dates and nature of injury:			
Medical Report: TO BE COMPLETED BY YOUR PHYSICIAN:			
This is to certify that the above named applicant was examined by me on _____ and I find his/her physical condition suitable for (Circle one):			
Respirator (CIRCLE)- Yes/No		All firematic Duties	Restricted Duties
		None	
Physicians Signature:		Date:	
Physicans Name printed:		Medical Facility:	



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Section 3: Background Information

Have you ever been arrested or convicted of a violation or crime of any Federal, State or Local Law, insurance fraud, a reduction of any of these or are you presently under investigation for any civil or criminal violations of Federal, State or Local Laws? (Including traffic violations)

_____ No _____ Yes - if yes, explain: _____

NYS Law prohibits membership to a fire company after conviction of any type of arson and will be checked for in a background history.

Is there additional information about a change in your name or use of an assumed name or nickname necessary to enable a check on your eligibility for membership _____ No _____ Yes List _____

Have you ever been a member of the US Armed Forces _____ No _____ Yes

If yes Branch _____ Served from _____ to _____

If yes Did you receive a Dishonorable Discharge? _____ No _____ Yes explain
(a dishonorable discharge does not bar you from membership)

Section 4: Work History

Current Employer:	Years Employed there:
Employer: Address	Phone #:
May we contact your employer as a reference: _____ No _____ Yes - if so who to contact: _____	
Past Employer:	Years Employed there:
Employer: Address	Phone #:
May we contact your employer as a reference: _____ No _____ Yes - if so who to contact: _____	

Section 5: Personal References

Please list 3 references that are not members of the Fire Department (indicate phone number)		
1)	2)	3)
Please list any acquaintances that are members of the Fire Department		

Section 6: Prior Experience/Availability

Have you ever served with another fire or ems agency in the past _____ No _____ Yes						
If yes, list agency years of service and reason for leaving _____						
Please provide a letter from the prior fire department indicating such						
What is the highest rank you have held _____						
Do you have any specialized training _____						
(Please provide copies of any certifications and training that you have had)						
What hours are you normally available for duty: (circle)		Days	Evening	Nights	Weekdays	Weekends



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Section 7: Interview

Please indicate your reason for wanting to join the fire company:

General Information:

It is expected of every member to attend as many meeting, drills, calls for service and details as they can. **An application fee of \$5.00 must accompany this application or it will not be considered.** Yearly dues, following acceptance will be in accordance with the Constitution and By-Laws of the department.

Section 8: Affirmation of application

Signature: _____ Date: _____

If under the age of 18, a parent or guardian must sign

Parent/Guardian: _____ Date: _____

I hereby certify that all of the information I have supplied in this application is TRUE and COMPLETE to the best of my knowledge and that any false information on this application shall be considered sufficient cause for denial of membership. I hereby consent to the Oriskany Independent Fire and Hose Company, Inc. and its representatives to verify this information by any means, including a **CRIMINAL HISTORY, MEDICAL, DRIVING RECORD AND BACKGROUND CHECK**. I also, if selected into membership, agree to abide by the Constitution and By-Laws of the Oriskany Independent Fire and Hose Company, Inc. now in effect or any subsequent additions or revisions.

Member Endorsement: Must be endorsed by two members of the company before submission:

Member 1: (sign and print)_____ Member 2: (sign and print)_____

Authorization for release of Health Service or Treatment and other Information

This authorization or photocopy thereof, will authorize all licensing agencies, educational institutions, law enforcement agencies, military service and present/past employers to disclose their relevant records about me including any treatment or care given to me, including medical history, x-rays, health findings, diagnosis and prognosis, past arrest, and/or convictions in violation of any Federal, State or Local Law, whether the information be of public, private or confidential nature to the Oriskany Independent Fire and Hose Company, Inc. I also release them from any liability and/or responsibility from doing so.

This authorization, in original or copy form, shall be valid for this and any future information, reports or updates that may be requested so long as I still a current member of the Oriskany Independent Fire and Hose Company, Inc.

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

Applicant's Name (Print)_____

Applicant's Signature:_____ Date:_____

Guardian Signature (if under 18 years old)_____ Date:_____

Witnessed by: (print)_____ Signature:_____ Date:_____



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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 collect from you. The authority to request and confirm personal information 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 for
- Be released to the Fire Chief and your potential supervisors, and
- Be maintained in your personal file (if you become a member) or in our temporary member file for six months both maintained by the Fire Chief

Failure to provide the information of authorization will result in your application not being considered for membership

The information will be maintained by the Oriskany Independent Fire and Hose Company, Inc. at the fire station and maintained along with other membership information in a locked file.

For Membership Committee / Department Use Only

The following items are to be completed, signed and dated by the Secretary, committee members and Chief.

Membership application completely filled out and submitted		_____ Yes	_____ No
Application received with 5.00 fee		Date: _____	By: _____
Application brought before body at _____ meeting			
Investigative Committee	Forwarded application on _____		
	Background Submission Date: _____		
	Background Returned Date: _____ Pos / Neg		
	Interview Date: _____		
	Committee Member: _____		
	Committee Member: _____		
	Committee Member: _____		
	Committee Member: _____		
	Committee Member: _____		
	Favorable / Unfavorable recommendation to body		
	Committee member comment section (If applicable) _____		
Application brought back up to business meeting on _____ for vote. Membership granted / denied			
Name of member forwarded to Village Board for approval of membership on _____.			
Return letter of acceptance / refusal from Village Board on _____.			
Applicant notified of acceptance / refusal and application process closed on _____.			



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NEW YORK STATE DIVISION OF CRIMINAL JUSTICE SERVICES Office of Criminal Justice Operations Volunteer Firefighter Inquiry Form

INSTRUCTIONS: This form is to be used only by a Sheriff's Office (or OFPC, where applicable) when performing searches authorized under NY Executive Law §837-o in connection with individuals seeking membership in a Volunteer Fire Department.

This form must be U.S. mailed, faxed or hand delivered between agencies. E-mail transmission is not permissible.

Shaded boxes are required data elements.

A. DATE:

B. REQUESTING VOLUNTEER FIRE DEPARTMENT

DEPARTMENT NAME:

FIRE CHIEF NAME:

SIGNATURE:

ADDRESS:

TELEPHONE NUMBER:

FAX NUMBER:

1. NAME (LAST, FIRST, MIDDLE)

2. ADDRESS (Street, City, Zip Code)

3. ALIAS AND/OR MAIDEN NAME

4. SEX

M

F

5. RACIAL APPEARANCE

White

Black

Indian

Asian

Unknown

Other

6. ETHNICITY

Hispanic

Not Hispanic

Unknown

7. HEIGHT

Ft.

In.

8. DATE OF BIRTH

Month

Day

Year

9. PLACE OF BIRTH

10. SOCIAL SECURITY NO.

INVESTIGATING OFFICER: _____ DATE _____
(PRINT NAME/TITLE)

INVESTIGATING OFFICER SIGNATURE _____

☐ NO RECORD OF AN ARSON CONVICTION OR A CONVICTION REQUIRING REGISTRATION AS A SEX OFFENDER

☐ CONVICTED OF ARSON; NO RECORD OF A CONVICTION REQUIRING REGISTRATION AS A SEX OFFENDER

☐ CONVICTED OF A CRIME REQUIRING REGISTRATION AS A SEX OFFENDER; NO RECORD OF AN ARSON CONVICTION

☐ CONVICTED OF ARSON AND CONVICTED OF A CRIME REQUIRING REGISTRATION AS A SEX OFFENDER

RESULTS OF INQUIRY



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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 would 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 your 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, your name will then be forwarded to the Village Board for final approval and placement on the department's 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)

There are several types of membership. Active, Auxiliary and probationary (16,17 year olds)

- Active is the group of members who respond to calls and are the face of the department
- After being active, there are additional classifications for those who find they can no longer perform active emergency services. Those will be explained later.
- Auxiliary is the group who are able to provide services outside of emergency response
- Probationary members are individuals 16 and 17 years old looking to be Active Members. They are allowed to respond to calls but have limited capacities during such.

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 note 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 known 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 by at least two current members in good standing of the fire department.
- HIPAA 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

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