

CONKLIN VOLUNTEER FIRE DEPARTMENT
1034 CONKLIN ROAD
CONKLIN, NY 13748

APPLICATION FOR MEMBERSHIP

Date: _____

1) _____
Last Name First Name M.I.

2) _____
Street Address

Town/Village/City

State

Zip

3) () _____ () _____ () _____
Home Phone Work Phone Cell Phone

4) How long have you resided at the above address? _____ years _____ months

5) How long have you resided in the State of New York? _____ years _____ months

6) Are you 18 years of age or older? ___ Yes ___ No* If **No**, state your age: _____

*Applicants less than 18 years of age must submit two (2) letters of reference from people other than family members. The letters of reference must be submitted with the completed membership application.

*The parent or legal guardian of an applicant less than 18 years of age must provide consent by signing item # 17 of this form for their child or person under their guardianship to apply for membership in the Conklin Fire Department.

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) Do you have a valid New York State driver's license? _____ Yes _____ No
Driver's License Number: _____

9) Are you currently employed? ____ Yes ____ No If Yes, give employer information below. May we contact your employer as a reference? ____ Yes ____ No
Name of Company: _____

Address: _____

Phone: (____) _____ Years of employment with this employer: _____

10) Please indicate your availability to participate in normally required fire department activities such as meetings, training drills, emergency calls, etc.

Week Days: ____ (Days) ____ (Evenings) ____ (Nights)

Weekends: ____ (Days) ____ (Evenings) ____ (Nights)

11) Please list previous emergency services experience (include only fire, rescue, police, or emergency medical service agencies):

Name of Agency _____

Address _____

Contact Person _____ Phone (____) _____

Name of Agency _____

Address _____

Contact Person _____ Phone (____) _____

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

If Yes, did you receive a dishonorable discharge? ____ Yes ____ No

If Yes, please attached an additional sheet with complete details including branch, dates of service, and circumstances of the dishonorable discharge.

(Dishonorable discharge is not an absolute prohibition to membership. This and other factors will effect the final membership determination.)

13) Have you ever been convicted of or pled guilty to any felony, misdemeanor, insurance fraud, arson, or a reduction of any of these offenses? _____ Yes _____ No If **Yes**, please provide the full details in the space below. **NOTE: Under NYS law, the conviction of certain crimes makes an applicant ineligible for membership. The Conklin Volunteer Fire Department reserves the right to exercise its discretion in determining an application for membership and the conviction of certain crimes can affect the final membership determination.**

14) OSHA regulations require the applicant to pass a physical examination before becoming an interior structural firefighter. The department's designated physician will provide a medical examination at no cost to you. Are you willing to undergo a medical examination? _____ Yes _____ No

I attest that the information I have provided on this application is true and complete to the best of my knowledge, and I further understand that falsely providing information on this application, or intentionally omitting requested information, may result in the termination of this application process and/or my expulsion from the Conklin Volunteer Fire Department.

Signature

Printed name

Date

I hereby give my consent for the Conklin Volunteer Fire Department to conduct a background check as part of this application process.

Signature

Printed name

Date

15) Please list three personal references – *other than family members or fire department members* – who have known you for at least three years. (*Please print*)

A. Name: _____ Phone: (____) _____

Address: _____

B. Name: _____ Phone: (____) _____

Address: _____

C. Name: _____ Phone: (____) _____

Address: _____

16) OPTIONAL: List the names of any acquaintances that are members of this organization. (*Please print*)

A. Name: _____

B. Name: _____

C. Name: _____

D. Name: _____

17) To be completed only if the applicant is less than 18 years of age:

I am the parent or legal guardian of _____ and I hereby grant my approval for him/her to apply for membership as a probationary firefighter in the Conklin Fire Department.

Print Name: _____

Signature: _____

Date: _____