

## Varna Volunteer Fire Company, Inc.

### Membership Application (General Information)

NAME: \_\_\_\_\_ NICKNAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOW LONG AT PRESENT ADDRESS? \_\_\_\_\_ PREVIOUS ADDRESS \_\_\_\_\_

EMAIL: \_\_\_\_\_ TELEPHONE: (\_\_\_\_) \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

EMPLOYER'S ADDRESS AND TELEPHONE: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

ABLE TO RESPOND TO EMERGENCY CALLS FROM WORK? \_\_\_\_\_

PREVIOUS FIRE DEPARTMENT EXPERIENCE \_\_\_\_\_ YEARS WITH \_\_\_\_\_ DEPT.

EMS CERTIFICATION? (LEVEL) \_\_\_\_\_ ID No.: \_\_\_\_\_

NFA OR NYS TRAINING COURSES COMPLETED:  
\_\_\_\_\_  
\_\_\_\_\_

HOBBIES: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

EMERGENCY CONTACT PHONE NUMBERS: (\_\_\_\_) \_\_\_\_\_

### Membership Categories

The VVFC has five membership categories. **Support Members** provide non-emergency support services to the Company. **Sustaining Members** also provide non-emergency services but participate in meetings, trainings, and other activities on a regular basis, usually as a stepping stone to other membership categories. **Fire Police** are responsible for assuring the traffic safety of an emergency scene. **Fire Fighters** are concerned primarily with fighting fires, and within this category members can qualify to be certified as Interior Fire Fighters. **Emergency Medical Service (EMS)** members are certified to respond to situations requiring rescue, extrication, and/or emergency medical care. Acceptance into one or more of these categories is by approval by the VVFC Board of Directors, and all but the Support category require completion of an exam. (For further details on these categories, please request a copy of the VVFC Bylaws and Rules and Regulations.)

### Competence Levels

All but the Support category of membership have three competence levels. **Probationary** membership is the entry level, assumed upon approval by the Board of the member's application. **Active** membership in each category requires passing the appropriate exam, completion of category specific membership requirements(see VVFC Bylaws and Rules and Regulations), recommendation by the Chief, and approval by the Board. A member may be declared **Lapsed** in any category by a vote of the Board, following evidence that the member has not maintained the minimum training and activity requirements specified in the Rules and Regulations. A Lapsed member can be returned to Active status by a vote of the Board, acting upon recommendation of the Training Officer/Chief.

Every new member should complete the OSHA-mandated new member (17 hour )safety training within one year of acceptance into the Company, and every member should complete OSHA-mandated safety training per year to maintain Active status.

PLEASE INDICATE THE CATEGORY OR CATEGORIES IN WHICH YOU ARE CURRENTLY INTERESTED (CATEGORIES MAY BE ADDED OR DELETED AT ANY FUTURE TIME):

\_\_\_\_\_ SUPPORT MEMBERSHIP

\_\_\_\_\_ SUSTAINING MEMBERSHIP (MUST CHECK IF INTERESTED IN BELOW CATEGORIES)

\_\_\_\_\_ FIRE POLICE

\_\_\_\_\_ FIRE FIGHTER

\_\_\_\_\_ EMERGENCY MEDICAL SERVICE

PLEASE STATE WHY YOU WISH TO JOIN THE VARNA VOLUNTEER FIRE COMPANY, WHAT YOU EXPECT TO GAIN FROM YOUR MEMBERSHIP, AND WHAT YOU CAN OFFER THE COMPANY. (IF NECESSARY, ATTACH ADDITIONAL SHEET.)

**Varna Volunteer Fire Company, Inc.**

**Membership Application**  
(Confidential File)

NAME: \_\_\_\_\_ SOCIAL SECURITY NO.: \_\_\_\_\_

DISABILITIES/PHYSICAL LIMITATIONS? \_\_\_\_ (NO) \_\_\_\_ (YES) . IF YOU CHECKED YES PLEASE LIST BELOW:

\_\_\_\_\_

WEAR CORRECTIVE LENSES (YES/NO) \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

DRIVER'S LICENSE NO.: \_\_\_\_\_ CLASS: \_\_\_\_\_ ENDORSEMENTS: \_\_\_\_\_

STATE: \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIME? \_\_\_\_\_ IF SO, EXPLAIN: (IF NECESSARY, ATTACH ADDITIONAL SHEET)

\_\_\_\_\_

\_\_\_\_\_

Since April 1, 2000, Executive Law 837-0 requires volunteer fire companies to submit to the sheriff's office a DCJS-9 Correspondence Inquiry Form for each new member to request a criminal history background check for arson. In addition the VVFC requests a full Criminal Inquiry Waiver and the signing of this application gives the VVFC permission to do such. The Criminal Inquiry Waiver form must be obtained from the Chief or his/her designee and submitted to the Sheriff's Department prior to Board review of the application. A urine sample for drug testing may be require prior to membership acceptance and will be paid for by the VVFC. Also before Board approval, the prospective new member must meet with the with the Chief and after Board approval meet with the Membership Chairman.

While your membership application is pending, you should participate in Thursday night vehicle checks and trainings. Temporary turnout gear will be provided for you, from the Equipment Officer, but you will not be able to ride on vehicles nor respond to calls until the Board has accepted your application and you are an official member of the VVFC. Board acceptance generally is given within one month of submission of the application. Yearly membership dues of \$1.00 will be expected upon acceptance of the application.

THE INFORMATION THAT I HAVE PROVIDED ON THIS FORM IS CORRECT TO THE BEST OF MY KNOWLEDGE, AND I REQUEST MEMBERSHIP IN THE VARNA VOLUNTEER FIRE COMPANY, INC. . I ALSO GIVE TO THE VVFC AUTHORITY TO OBTAIN MY COMPLETE CRIMINAL HISTORY AND ARE WILLING TO PROVIDE A URINE SAMPLE FOR DRUG TESTING ON REQUEST.

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

\*\*\*\*\*

**OFFICIAL USE ONLY**

MEETING WITH CHIEF (SIGNATURE) \_\_\_\_\_ DATE: \_\_\_\_\_

DATE CRIMINAL HISTORY CHECK SENT: \_\_\_\_\_ RESULTS: \_\_\_\_\_

BOARD OF DIRECTORS – APPROVED \_\_\_\_\_ NOT APPROVED \_\_\_\_\_ DATE: \_\_\_\_\_

ANNUAL DUES (\$1.00) PAID? \_\_\_\_\_ DATE: \_\_\_\_\_

MEETING WITH MEMBERSHIP CHAIRMAN: \_\_\_\_\_ DATE: \_\_\_\_\_

## CRIMINAL INQUIRY WAIVER

### AUTHORITY FOR RELEASE OF INFORMATION

I HEREBY AUTHORIZE THE RELEASE OF ANY AND ALL INFORMATION OF ANY CRIMINAL RECORD LAW ENFORCEMENT AGENCIES MAY HAVE IN THEIR FILES CONCERNING THE UNDERSIGNED.

I HEREBY RELEASE THE VARNA VOLUNTEER FIRE COMPANY, INC AND ANY LAW ENFORCEMENT RECEIVING THIS REQUEST, THEIR MEMBERS AND EMPLOYEES FROM THE LIABILITY OR DAMAGE WHICH MAY RESULT FROM FURNISHING THE INFORMATION REQUESTED.

FULL NAME (PRINT): \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_

DRIVER'S LICENSE:

STATE: \_\_\_\_\_ CLASS: \_\_\_\_\_ EXPIRES: \_\_\_\_\_

LICENSE NUMBER: \_\_\_\_\_

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

The VVFC is an Equal Opportunity Employer with a commitment to workplace diversification