

NORTH BOSTON VOLUNTEER FIRE COMPANY
APPLICATION FOR MEMBERSHIP



Step 1: Print and Fill out application

Step 2: Submit application with a \$10 application fee to a line officer on a Monday evening at the North Boston Fire hall on Herman Hill Rd anytime after 7pm.

NORTH BOSTON VOL FIRE CO.

P.O. Box 124 North Boston, NY 14110

Today's Date: _____

PERSONAL INFORMATION		
Name:	DOB	Age
Address:		
Town:	Zip:	
Drivers License Info: State: _____	Exp Date: ____/____/____	CL _____
License # _____		
How long have you lived at above address: Years _____ Months _____		
How long have you been a NYS resident: Years _____ Months _____		
Phone # (H) _____ (W) _____ (C) _____		
Best # to be reached: _____		
Email Address: _____		
Any additional information about a name change or use of an assumed name/nickname necessary to enable a check on eligibility for membership? Yes _____ No _____		
If Yes, Explain _____		

EMPLOYMENT INFORMATION		
Current Occupation:		
Employer's Name:		
Employer's Address: _____	Phone: _____	
Town: _____ Zip: _____	Normal Hrs: _____	
How long have you been employed there: Years _____ Months _____		
If less than 1 yr, Please provide previous employment:		
Previous Employer: _____		
Address: _____		
Town: _____	Zip: _____	
CRIMINAL HISTORY		
Have you ever been charged with a crime? Yes ___ No ___ Convicted Yes ___ No ___		
Have you ever been arrested? Yes ___ No ___		
If Yes, please explain _____		

REFERENCES

Please list three personal references, *(other than members of this organization)* who have known you for at least three years.

1. Name _____ Relationship _____
Telephone Number _____

2. Name _____ Relationship _____
Telephone Number _____

3. Name _____ Relationship _____
Telephone Number _____

FIREMATIC EXPERIENCE

Previous emergency services experience (list fire, rescue, police, and EMS agencies)

Name of Agency _____
Contact Person/Phone # _____

Name of Agency _____
Contact Person/Phone # _____

Name of Agency _____
Contact Person/Phone # _____

Name of Agency _____
Contact Person/Phone # _____

List any firematic related courses you have taken (including county, state related)

Course _____
Course _____
Course _____
Course _____
Course _____
Course _____

AVAILABILITY

Please indicate your availability to participate in normally required fire dept. activities such as drills, meetings, work details, and alarms.

Weekdays:

Days _____ Y _____ N Evenings _____ Y _____ N Nights _____ Y _____ N

Weekends:

Days _____ Y _____ N Evenings _____ Y _____ N Nights _____ Y _____ N

AFFIRMATION OF INFORMATION ACCURACY

WITHIN THE FREEDOM OF INFORMATION LAW, ALL INFORMATION CONTAINED/OBTAINED HEREIN WILL REMAIN CONFIDENTIAL, AND WILL BE USED ONLY FOR INTERNAL MEMBERSHIP PROCESSING.

In witness whereof, this application has been subscribed this _____ day of _____ in the year _____ by the undersigned applicant who affirms that the statements made herein are true under the penalty of perjury.

Applicant Signature _____ **Date** _____

Privacy Statement: Section 94 of the Public Officers Law requires that you be notified of the following facts when info. which will be maintained in a record system is collected from you.

The authority to request and confirm personal information on you is found in Article 6 of the Executive Law. The info. obtained will be used to determine your qualification for the position you are applying for; be released to the fire chief and your potential supervisors and be maintained in your personnel file should you become a member of the department, or in our resume file for six months if you are not a member. Failure to provide the info. Or authorization will result in your application not being considered for membership. This information will be maintained by _____ of the North Boston Vol. Fire Co. P.O. Box 124 North Boston, NY 14110.

DO NOT WRITE IN THE SECTIONS BELOW

OFFICE USE ONLY

Date Received by Company _____

RECORD CHECKS:

Date Performed ____/____/____ Performed by: _____

Comments:

Investigating Committee:

Date of Interview ____/____/____

Name	Title	Signature

APPROVED _____ **REJECTED** _____

FIRE COMPANY ACTION:

Date of Vote

____/____/____

APPROVED _____ **REJECTED** _____

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.

A. DATE:

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.

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