APPLICATION FOR MEMBERSHIP TO THE PENN YAN VOLUNTEER FIRE COMPANIES, INC.

125 ELM STREET
PENN YAN, NEW YORK 14527

APPLICATION

THROUGH_____**COMPANY**
(Ellsworth Hose, Hydrant Hose, Sheldon Hose, or Hunter Hook and Ladder)

1. Date_____/_____/_____

2. _____
Last Name First Name M.I

2a. Maiden Name (if applicable) _____

3. _____
Address Apt/Suite#

4. _____
City, Town, or Village State Zip Code

5. Gender, M____ F____ Phone No. Home ( )_____-_____ Work( )____-_____

6. Cell No, ( )_____-_____ Carrier_____

7. How long have you lived at the above address? Years_____Months_____

8. How long have you resided in New York State? Years_____Months_____

9. Age; _____ Date of Birth; _____/_____/_____

10. Are you a US Citizen? Yes_____No_____ Place of Birth_____

11. Social Security Number; _____--_____--_____

12. Drivers License Number_____Class_____Exp_____

13. Height; _____--_____ Weight; _____lbs. Eye Color____ Hair Color_____

14. 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", Explain.

15. Are you currently employed? Yes_____ No_____.
If "Yes", give employer information below.

Name of Business, _____

Address, _____

Supervisor's Name _____Phone No. ( )____-_____

May we contact your employer? Yes_____ No_____

16. Please indicate your availability to participate in normally required fire department activities such as emergency calls, meetings, drills and work details.

Please check the appropriate times and days.

Week Days;

Daytime_____ Evenings_____ Nights_____

Week Ends;

Daytime_____ Evenings_____ Nights_____

17. Please list any previous emergency services experience: (include only fire, rescue, police, and emergency medical service agencies).

Name of Agency: _____

Address: _____

Contact Person: _____ Phone No.( )_____-_____

18. Have you ever been a member of the United States Armed Forces?
Yes___ No___

If the answer is "Yes", did you receive a dishonorable discharge? Yes___ No___

(Dishonorable discharge is not an absolute bar to membership. This and other factors will effect a final membership decision).

If answer is "Yes" to Dishonorable Discharge, give complete details including service branch and service dates on separate sheet and attach to this application.

19. **Have you ever been convicted of or pled guilty to any felony or misdemeanor, or been convicted of or pled guilty to any charge reduced from a felony or misdemeanor?**
Yes___ No___
If "Yes", give complete details on separate sheet and attach to this application.

20. 16. Please list three personal references, (**other than members of this organization**), who have known you for at least 3 years.

A. Name: _____ Phone No. ( )_____-_____

Address:_____

B. Name: _____ Phone No. ( )_____-_____

Address:_____

C. Name: _____ Phone No. ( )_____-_____

Address:_____

21. Please list the names of any acquaintances that **ARE** members of this organization:

A. Name: _____ Phone No. ( )_____-_____

Address:_____

B. Name: _____ Phone No. ( )_____-_____

Address:_____

C. Name: _____ Phone No. ( )_____-_____

Address:_____

22. OSHA regulations require that you pass a physical examination before becoming an interior structural firefighter. The department's designated physician will provide you with a free medical examination. Will you be willing to undergo a medical examination?
Yes: ____ No:____

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WITHIN THE FREEDOM OF INFORMATION LAW, ALL INFORMATION CONTAINED/ OR 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 _____,20_____BY THE UNDERSIGNED APPLICANT WHO AFFIRMS THAT THE STATEMENTS MADE HEREIN ARE TRUE UNDER THE PENALTIES OF PERJURY.

APPLICANT SIGNATURE_____

DATE_____

WITNESSED BY_____

DATE_____

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 collected from you.

The authority to request and confirm personal information on you 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;
be released to the Fire Chief and your potential supervisors; and
be maintained in your personnel file (if you become a fire department member).

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

This information will be maintained by the Fire Chief of the Penn Yan Volunteer Fire Companies, Inc. at 125 Elm Street in the Village of Penn Yan, New York 14527.
315-536-6111

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APPLICANT'S AUTHORIZATION FOR RELEASE OF INFORMATION

In order to confirm the information I supplied on my application for membership with the Penn Yan Volunteer Fire Companies, Inc. I authorize all licensing agencies, educational institutions, law enforcement agencies, present and former employers, and the military services to disclose their relevant records about me to the Penn Yan Volunteer Fire Companies, Inc. whether the information be public, private or confidential nature, and I release them from any liability and responsibility from doing so.

This authorization, in original copy form, shall be valid for this and any future information, reports, or updates that may be requested.

I understand that this form will accompany requests for official documents and confirmations of my credentials.

_____ _____

Applicant's Name (Please Print) Applicant's Signature Date

Witnessed by:

_____ _____

Name and Title (Please Print) Witness's Signature Date

Sign in Front of Notary:

_____ _____

Applicant's Signature Notary Public Signature Date

Stamp