



SANBORN FIRE COMPANY

APPLICATION FOR MEMBERSHIP

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Sanborn, NY 14132
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PERSONAL INFORMATION – PLEASE PRINT ALL INFORMATION

NAME (LAST, FIRST, MIDDLE): _____ HOME PHONE: (____) _____

ADDRESS: _____

CITY, STATE: _____ ZIP CODE: _____ CELL PHONE: (____) _____

LIST ANY PREVIOUS ADDRESS'S WITHIN THE LAST (10) TEN YEARS:

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

AGE: _____ DATE OF BIRTH: ____/____/____ PLACE OF BIRTH (CITY/STATE): _____

SOCIAL SECURITY NUMBER [LAST 4 NUMBERS]: _____ SEX: MALE FEMALE

RACE: _____ ETHNICITY: _____ ALIAS/MAIDEN NAME: _____

HEIGHT: _____ WEIGHT: _____

MARITAL STATUS (CHECK ONE): MARRIED SINGLE DIVORCED SEPARATED

DO YOU HAVE A VALID NYS DRIVER'S LICENSE: YES NO

NYS LICENSE # _____ TYPE/CLASS: _____ EXPIRATION DATE: _____

FIRE/EMS RELATED EXPERIENCE

HAVE YOU EVER BEEN A MEMBER OF ANOTHER FIRE OR EMS DEPARTMENT? YES NO

WHICH DEPARTMENT? _____ YEARS OF SERVICE? _____

REASON FOR LEAVING? _____

LIST ALL FIRE, RESCUE AND EMERGENCY MEDICAL/FIRST AID RELATED CERTIFICATIONS OR TRAININGS YOU HAVE COMPLETED:

COURSE: _____ DATE: _____

COURSE: _____ DATE: _____

COURSE: _____ DATE: _____

COURSE: _____ DATE: _____

SANBORN FIRE COMPANY MEMBERSHIP APPLICATION

ACKNOWLEDGEMENTS –

Initial

I AUTHORIZE THAT ALL OF THE STATEMENTS MADE HEREIN ARE TRUE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS MADE IN THIS APPLICATION.

Initial

I CERTIFY THAT, PURSUANT TO SECTION 837-0 OF THE EXECUTIVE LAW, I GIVE SANBORN FIRE PERMISSION TO CONDUCT AN ARSON AND SEX OFFENDER BACKGROUND CHECK (FORM DCJS-9) AND AGREES BY THEIR SIGNATURE BELOW, THAT THE ARSON AND SEX OFFENDER CRIMINAL BACKGROUND CHECKS WILL BE DISCLOSED TO THE BOARD OF DIRECTORS AND THE VOTING MEMBERSHIP OF SANBORN FIRE.

Initial

I ACKNOWLEDGE THAT IF ACCEPTED AS A MEMBER, I PROMISE TO UPHOLD THE OBJECTIVES OF THE ORGANIZATION, TO PERFORM THE DUTIES OF A VOLUNTEER FIREFIGHTER, AND TO ABIDE BY THE CONSTITUTION AND BY-LAWS OF THE SANBORN VOLUNTEER FIRE COMPANY.

Initial

I UNDERSTAND THAT A \$5.00 NON-REFUNDABLE APPLICATION FEE MUST ACCOMPANY THIS APPLICATION

FREEDOM ON INFORMATION –

WITHIN THE FREEDOM OF INFORMATION LAW (FOIL), 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 ON THE DATE INDICATED BELOW BY THE UNDERSIGNED APPLICANT WHO AFFIRMS THAT THE STATEMENTS MADE HEREIN ARE TRUE, UNDER PENALTIES OF PERJURY.

YOUR SIGNATURE: _____

DATE: _____

WITNESS SIGNATURE: _____

PRINT WITNESS NAME: _____

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 FOR DETERMINE YOUR QUALIFICATIONS FOR THE POSITION FOR WHICH YOU ARE APPLYING;
- RELEASED TO THE FIRE CHIEF(S) AND EXECUTIVE BOARD; AND
- MAINTAINED IN YOUR PERSONNEL FILE IF YOU BECOME A FIRE COMPANY MEMBER

FAILURE TO PROVIDE THE INFORMATION OR AUTHORIZATION WILL RESULT IN YOUR APPLICATION NOT BEING CONSIDERED FOR MEMBERSHIP.

EQUAL OPPORTUNITY NOTICE –

THE SANBORN FIRE COMPANY DOES NOT DISCRIMINATE ON THE BASIS OF AGE, GENDER, CREED, RELIGION, OR MARITAL STATUS. IF AN APPLICANT IS APPROVED FOR MEMBERSHIP, SUCH APPROVAL IS CONDITIONAL UPON FINAL RECEIPT OF REFERENCES AND BACKGROUND INFORMATION CONSISTENT WITH THE STANDARDS OF THE SANBORN FIRE COMPANY. A NEWLY APPROVED MEMBER MAY BE DISMISSED AT ANY TIME AND FOR ANY REASON WITHIN HIS/HER ACCEPTANCE AS A PROBATIONARY MEMBER.

IN MAKING APPLICATION FOR MEMBERSHIP TO THE SANBORN FIRE COMPANY, I AGREE TO ABIDE BY ALL THE REGULATIONS OF THE CONSTITUTION AND BY-LAWS OF THIS COMPANY AND I STATE THE ABOVE INFORMATION IS TRUE AND AFFIRM SUCH STATEMENTS ARE MADE UNDER THE PENALTIES OF PERJURY.

SIGNATURE OF APPLICANT

DATE

MINOR MEMBERSHIP APPLICANTS ONLY:

I, _____, PARENT OR LEGAL GUARDIAN OF _____ CONSENT TO HIS/HER MEMBERSHIP WITH SANBORN FIRE. THE PARENT/GUARDIAN SHALL HAVE FINAL SAY IN THE APPLICANTS CONTINUED PARTICIPATION WITH SANBORN FIRE.

Sanborn Volunteer Fire Company

Medical and Emergency Contact Information Form

*****THIS INFORMATION IS KEPT CONFIDENTIAL*****

GENERAL INFORMATION

NAME: _____ SOCIAL SECURITY #: _____
(LAST) (FIRST) (MI)

DATE OF BIRTH: _____ PHONE #: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMERGENCY CONTACTS INFORMATION -

NAME: _____ HOME PHONE: _____
(LAST) (FIRST) (MI)

RELATIONSHIP: _____ CELL PHONE: _____

NAME: _____ HOME PHONE: _____
(LAST) (FIRST) (MI)

RELATIONSHIP: _____ CELL PHONE: _____

MEDICAL INFORMATION -

GENDER: MALE FEMALE BLOOD TYPE: A B AB O + OR -

HANDED: LEFT RIGHT EYEGASSES: CONTACTS: DENTURES:

DO YOU CURRENTLY SMOKE TOBACCO? YES NO

ORGAN DONOR: YES NO

IF YES, PLEASE PROVIDE DETAILS: _____

PLEASE LIST CURRENT MEDICATIONS THAT YOU ARE TAKING: _____

PERSONAL PHYSICIAN: _____ PHONE NUMBER: _____

ADMINISTRATIVE USE ONLY – DO NOT COMPLETE INFORMATION BELOW

APPLICANT'S NAME: _____

DATE APPLICATION RECEIVED: _____

DATE INTERVIEWED BY COMMITTEE: _____

INVESTIGATIVE COMMITTEE: FAVORABLE UNFAVORABLE

COMMITTEE COMMENTS: _____

BACKGROUND CHECK: PASS FAIL _____
DATE CHIEF/PRESIDENT SIGNATURE

ARSON/SEX OFFENDER CHECK: PASS FAIL _____
DATE CHIEF/PRESIDENT SIGNATURE

DATE APPLICATION READ AT MONTHLY MEETING: _____

MEMBERSHIP VOTE: ACCEPT REJECT

REASON FOR REJECTION: _____

DATE ACCEPTED: _____
DATE RECORDING SECRETARY SIGNATURE

DUES & APPLICATION FEES RECEIVED: \$ _____
FINANCIAL SECRETARY OR TREASURER SIGNATURE

DISTRICT PHYSICAL: PASS FAIL _____
DATE CHIEF/PRESIDENT SIGNATURE