

SANBORN FIRE COMPANY APPLICATION FOR MEMBERSHIP

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PERSONAL INFORMATION - PLEASE PRINT ALL INFORMATION

NAME (LAST, FIRST, MIDDLE):		Номе	PHONE: ()		
Address:				· · · · · · · · · · · · · · · · · · ·	
CITE, STATE:	ZIP CODE:	CE	ELL PHONE: ()		
LIST ANY PREVIOUS ADDRESS'S WITHIN THE LAST (10) TEI	N YEARS:				
Address:	CITY: _	······································	STATE:	ZIP:	
Address:	CITY: _		STATE:	ZIP:	
AGE: DATE OF BIRTH:		PLACE OF BIRT	H (CITY/STATE): _		
SOCIAL SECURITY NUMBER [LAST 4 NUMBERS]]:		Sex: Male	☐ FEMALE	
RACE: ETHNICITY:		ALIAS/MAIDEN NAME:			
HEIGHT: WEIGHT:	· · · · · · · · · · · · · · · · · · ·				
MARITAL STATUS (CHECK ONE): MARRIED	O □ SINGLE	☐ DIVORCED	☐ SEPARATED		
DO YOU HAVE A VALID NYS DRIVER'S LICENSE:	☐ YES	□ No			
NYS LICENSE #	_ TYPE/CLASS: _		EXPIRATION DAT	re:	
FIRE/EMS RELATED EXPERIENCE					
HAVE YOU EVER BEEN A MEMBER OF ANOTHER FIRE OR EMS DEPARTMENT?			☐ YES	□ No	
WHICH DEPARTMENT?	DEPARTMENT? YEARS OF SERVICE?				
REASON FOR LEAVING?					
LIST ALL FIRE, RESCUE AND EMERGENCY MED	ICAL/FIRST AID RELAT	FED CERTIFICATION	NS OR TRAININGS Y	OU HAVE COMPLETED:	
Course:			DATE: _		
Course:			DATE: _		
Course:			DATE: _		
Course:			Date:		

EMPLOYMENT INFORMATION CURRENT EMPLOYER NAME: Phone: ADDRESS: ______ POSITION: _____ DATE OF EMPLOYMENT: _____ PHONE: _____ Previous Employer Name: POSITION: DATE OF EMPLOYMENT: Address: CHARACTER REFERENCES ADDRESS: PHONE: NAME: ADDRESS: _____ PHONE: ____ Address: Phone: Name: _____ **EDUCATION** Some High School Graduated High School Some College Bachelor's Degree OTHER **MEDICAL HISTORY** DO YOU HAVE ANY PRESENT MEDICAL PROBLEMS? ☐ YES \square No ARE YOU PRESENTLY UNDER A DOCTOR'S CARE? ☐ YES \square No DO YOU HAVE PHYSICAL DISABILITIES OR RESTRICTIONS? ☐ YES □ No Do you have allergies? ☐ YES \square No ARE YOU ALLERGIC TO ANY MEDICATIONS? ☐ YES \square No IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, PLEASE EXPLAIN BELOW (GENERAL TERMS ONLY) ALL APPLICANTS MUST COMPLETE A SANBORN FIRE SPONSORED AND PAID FOR. PHYSICAL, ALL MEDICAL INFORMATION FROM THIS PHYSICAL IS PRIVILEGED INFORMATION AND WILL NOT BE GIVEN TO THE FIRE COMPANY. THE ONLY THING THE FIRE COMPANY RECEIVES IS A STATEMENT, FROM OUR MEDICAL PROVIDER LISTING WHETHER YOU PASSED THE EXAMINATION AND IF YOU ARE ELIGIBLE FOR FIREFIGHTER STATUS AS A FIREFIGHTER, EMS MEMBER. FIRE POLICE MEMBER OR RESTRICTED MEMBER. ☐ YES ARE YOU WILLING TO HAVE A PHYSICAL EXAMINATION PAID FOR BY THE FIRE COMPANY? □ No *FIRE COMPANY PHYSICALS ARE REQUIRED EVERY YEAR **PARTICIPATION** ARE YOU AVAILABLE FOR THURSDAY EVENING DRILLS ☐ YES □ No ☐ YFS \square No MONTHLY MEETING IS THE LAST MONDAY OF THE MONTH, ARE YOU AVAILABLE? BINGO IS HELD FRIDAY EVENING, ARE YOU AVAILABLE? ☐ YES \square No ARE YOU OUT OF TOWN FOR EXTENDED PERIODS OF TIME? ☐ YES □ No Why do you wish to join Sanborn Fire?

SANBORN FIRE COMPANY MEMBERSHIP APPLICATION

ACKNOWLEDGEMENTS -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 Initial OF DIRECTORS AND THE VOTING MEMBERSHIP OF SANBORN FIRE. 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 Initial 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: 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: _____, 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 #: _____ (FIRST) DATE OF BIRTH: CITY: _____ STATE: ____ ZIP: ____ **EMERGENCY CONTACTS INFORMATION -**NAME: (LAST) ____ HOME PHONE: _____ (FIRST) RELATIONSHIP: _____ CELL PHONE: _____ HOME PHONE: _____ RELATIONSHIP: _____ CELL PHONE: _____ MEDICAL INFORMATION -GENDER: | MALE | FEMALE BLOOD TYPE: | A | B | AB | O | O + OR | O -HANDED: ☐ LEFT ☐ RIGHT EYEGLASSES: ☐ CONTACTS: ☐ DENTURES: ☐ ☐ YES □ No DO YOU CURRENTLY SMOKE TOBACCO? 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: RECORDING SECRETARY SIGNATURE
Dues & Application Fees Received: \$
FINANCIAL SECRETARY OR TREASURER SIGNATURE
DISTRICT PHYSICAL: Pass Fail
DATE CHIEF/PRESIDENT SIGNATURE