



**VIGILANT FIRE COMPANY, NO. 1 OF EBENEZER
WEST SENECA FIRE DISTRICT NO. 6**
666 Main Street * West Seneca * New York * 14224

MEMBERSHIP APPLICATION

Qualified applicants are considered without regard to race, color, creed, sex, national origin, age, marital status or veteran status and must pass a medical physical and background investigation.

Please **PRINT** or **TYPE**

Date _____

NAME _____
(Last) (First) (MI)

Date of Birth _____ (m/d/year) **Age** _____ (required for processing insurance & LoSAP)

Are you a citizen of the United States? [] Yes [] No **Do you possess an alien registration card?** [] Yes [] No

CONTACT INFORMATION

Current Address _____

Years at current address _____ Do you [] Own [] Rent [] Other

E-mail Address _____

Cell (716) _____ Carrier _____ Home (716) _____

Best time to contact you _____

NOTE: If less than 5 years at current address, list residence for the past 5 years (use back page if needed)

Past Residence _____ **Years/Months** _____

Have you previously filed an application or have been a member of this fire department? [] Yes [] No

Do you have any current/past family or friends who are members of this organization? [] Yes [] No

If yes, please give name(s) _____

Are you presently a member of any other civic organization? [] Yes [] No

If yes, please give name(s) _____

Were you in the United States Armed Forces? [] Yes [] No

If yes, please list duties in the Service including special training _____

List any hobbies, skills or certifications _____

Have you any previous emergency medical or firefighting experience? [] Yes [] No

If yes, please explain _____

EDUCATION

Highest year completed _____ List type of Diploma/Degree _____

EMPLOYMENT (list most recent first)

Company _____ Address _____ Phone _____

Contact Person _____ Dates to/from _____

Company _____ Address _____ Phone _____

Contact Person _____ Dates to/from _____

Company _____ Address _____ Phone _____

Contact Person _____ Dates to/from _____

DRIVER'S LICENCE

Do you have a valid Driver's License? [] Yes [] No Driver's License # _____

What type of Driver's License do you hold? _____ Insurance Carrier _____

RECORD CHECKS

A criminal history check against the State's criminal history files maintained by the Division of Criminal Justice Services (DCJS) will be conducted to determine if you stand convicted of any crime of arson in New York State. Since December 2, 2014, this law was updated to include convictions which require registration as a sex offender.

Have you ever been convicted of a crime? [] Yes [] No If yes, please explain _____

Given the rigors of being a volunteer EMS/firefighter, do you have any physical, mental or medical impairment or disability that would limit your job performance? [] Yes [] No

CHARACTER REFERENCES

Please provide 3 references from persons who know known you for at least 3 years (other than relatives)

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

GENERAL INFORMATION

A twenty dollar (\$20.00) processing fee must be received before any action is taken to process your application (the processing fee is non-refundable regardless of outcome of application).

I understand that I am applying to become a volunteer firefighter and emergency medical provider with the West Seneca Fire District No. 6 and a member of the Vigilant Fire Company No. 1 of Ebenezer, as such I will be responsible for answering calls for emergency services and participate in necessary drills and training, and I am required to perform duties and functions around the fire hall for the betterment of the District and Fire Company.

All persons are required to serve a one (1) year probationary period before they are considered for full membership. Once you have completed one (1) year probationary period, your membership will be put to vote before the general membership whether or not to grant you full membership.

I understand that the district and company have a zero policy pursuant to Title VIII and NYS civil rights and discriminatory practices without regard to race, color, creed, sex, national origin, age, marital status or veteran status.

I hereby certify that I have read and understand the above and my responses and answers on this application are true and correct and I understand that any misrepresentation, falsification, deception or omission will be ground for rejection of my membership; or if I am accepted as a probationary member or full member, and it is later determined that I misrepresented, falsified, deceive or omitted any answers in my application, tis will be grounds for immediate removal as a member at any time.

Signature of Applicant _____ **Date** _____

CONCENT FOR DISCLOSURE

I, _____ give the Investigating Officer and/or Committee members of the Vigilant Fire Company No. 1 of Ebenezer and/or West Seneca Fire District No. 6 my consent to make inquiries of my employers, neighbors, police agencies and insurance carriers while conducting an investigation of my character; past records and responsibility.

Signature of Applicant _____ **Date** _____

Comments of Investigating Officer(s) _____

_____ **ACCEPT** **REJECT**

FOR INVESTIGATING COMMITTEE ONLY

Application received and answers reviewed with applicant on _____, 20_____
by _____. Advised and authorized applicant to contact Healthworks to
complete a physical by no later than _____, 20_____.

Healthworks physical results were received and review on _____, 20_____
by _____.

Background Checks were conducted by _____ results include _____

Character Reference were conducted by _____ results include _____

Criminal Record were conducted by _____ results include _____

Applicant notified of interview with committee on _____, 20_____
by _____.

INTERVIEW PANEL

Name/Title _____ [] **Recommend** [] **Not-Recommended**

Name/Title _____ [] **Recommend** [] **Not-Recommended**

Name/Title _____ [] **Recommend** [] **Not-Recommended**

Name/Title _____ [] **Recommend** [] **Not-Recommended**

Issues/Concerns with Applicant: _____

Company Secretary _____ notifies the Commissioner Board in writing
on _____, 20_____ of acceptance as a probationary member of the Vigilant Fire Company No. 1 of
Ebenezer.

Commissioner Board action on probationary approval on _____, 20_____

[] **ACCEPT** [] **REJECT**