

Fredonia Volunteer Fire Department, Inc.
80 West Main Street
Fredonia, New York 14063

APPLICATION FOR MEMBERSHIP

Date: _____

1. _____
(Last Name) (First Name) (M.I.)
2. _____
(Address) (Apt./Suite No.) (E-mail address)
3. _____
(City Town Village) (State) (Zip Code)
3. Telephone: (____) _____ (____) _____ (____) _____
(Home) (Work) (Cell)
4. Do you want to be Operational member (go to calls) or Organizational (work behind the scenes) _____
5. How long have you resided at the above address? Years: _____ Months: _____
6. How long have you resided in New York State? Years: _____ Months: _____
7. Are you 18 years of age or older? Yes _____ No _____ If NO, state your age. _____
8. 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.

9. Are you currently employed? Yes _____ No _____
If "Yes" give employer information below. May we contact your employer as a reference? Yes _____ No _____
Name of Department _____
Address _____ Telephone _____
10. Do you have a valid New York State Driver's License? Yes _____ No _____
11. Please indicate your availability to participate in normally required fire department activities (meetings, drills and emergency calls).

Please check appropriate time periods.
Week Days:
Days _____ Evenings _____ Nights _____
Weekends:
Days _____ Evenings _____ Nights _____
12. Previous emergency services experience: (include only fire, rescue, police, and emergency medical service agencies).
Name of Agency _____

Address _____

Contact Person _____ Telephone _____
(If more space is needed, please identify on attached sheet)

13. 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 affect a final membership decision.

If the above answer is "Yes", give complete details in the space provided for additional information on the last page (include service branch and service dates).

14. Have you ever been convicted or pled guilty to a felony, misdemeanor, insurance fraud, arson, or a reduction of one of these offenses? Yes____ No____ If "Yes" give details on the attached sheet.

15. Please list three personal references, other than members of this organization, who have known you for at least 3 years.

A. Name _____ Telephone _____
Address _____

B. Name _____ Telephone _____
Address _____

C. Name _____ Telephone _____
Address _____

16. Please list the names of any acquaintances that are members of this organization:

17. OSHA regulations and NYS law require that you pass a physical examination before becoming a member. The department's designated physician will provide you with a free medical examination. Will you be willing to undergo a medical examination? Yes____ No____

**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 AND
COMPLETE UNDER THE PENALTIES OF PERJURY.**

APPLICANT SIGNATURE _____

DATE _____

WITNESS SIGNATURE _____

DATE _____

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**Fredonia Volunteer Fire Department, Inc.
80 West Main Street
Fredonia, New York 14063**

APPLICANT AUTHORIZATION FOR RELEASE OF INFORMATION

THIS DOCUMENT IS SEPARATE FROM THE APPLICATION FOR MEMBERSHIP

In order to confirm the information I supplied on my application for membership with the Fredonia Volunteer Fire Department, Inc. I hereby 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 Fredonia Volunteer Fire Department, Inc. whether the information be of 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 any requests for official documents and confirmations of my credentials.

(Applicant Signature)

(Applicant Name) (Please Print)

WITNESSED BY:

(Witness Signature)

(Witness Name & Title) (Please Print)

JAMES B. QUATTRONE
SHERIFF



RICHARD TELFORD
UNDERSHERIFF

OFFICE OF THE SHERIFF

DATE:

ATTN: RECORDS SECTION
CHAUTAUQUE COUNTY OFFICE OF THE SHERIFF
PO BOX 128
MAYVILLE, NY 14757-0128

Dear Sir/Madam:

I, _____, hereby authorize the Chautauque County Sheriff's Office to conduct an inquiry into my criminal, arson and driving record as well as local, state and nation sex offender registries and to release any information obtained to Fredonia Volunteer Fire Department, Inc. for employment and other purposes. This record check only covers arrests made by the Chautauque County Office of the Sheriff

Applicant Signature

Representative

Please Print:

Applicant Name: Include Maiden Name or any alias, if applicable

Applicant Address

Applicant Social Security Number

Date of Birth

JOHN R. BENTLEY PUBLIC SAFETY BUILDING 15 E. CHAUTAUQUE ST. POB 128
MAYVILLE, NEW YORK 14757
(716)753-2131 (716)753-4276 FAX
WWW.SHERIFF.US

Village of Fredonia Police Department

AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize the Fredonia police department to release any information pertaining to my criminal, violations, Vehicle and Traffic Offense (to include current drivers license status) history with this department. I understand that any arrest, convictions, and/or court dispositions that I may have acquired will be released.

Name:

Last: _____ First: _____ M.I.: _____

Alias / Maiden:

Street: _____

City: _____

State: _____ Zip: _____

Phone Number:

Home: _____ Work: _____ Cell: _____

Date of Birth: _____

Social Security Number: _____

Driving License:

State: _____ Class: _____ Client ID Number: _____

Current Status (list any restrictions): _____

Reason for release of information: _____

Signature: _____ Date: _____