

West Monroe Volunteer Fire Department, Incorporated

West Monroe, New York

315-676-4600

Topic: New member requirements

Purpose: This document outlines the responsibilities and expectations of a new member of the West Monroe Volunteer Fire Department, Inc.

After completing an application for employment with the West Monroe Volunteer Fire Department, Inc., your application will be voted on based on the information provided and a check of the references given, as well as an initial interview process.

After your application is voted on for acceptance, you shall submit to the following prior to being sworn in as an official probationary member:

- Further personal information, not specifically asked for on the application
- A required arson background check
- Sex offender registry check

After successfully completing all of the items outlined above, you will then be sworn in at the following meeting as an official member of probationary status to the West Monroe Volunteer Fire Department, Inc. Failure to submit to or to pass any of the items outlined previously will automatically deem you in default of the application/acceptance process and you will not be sworn in as a member of the department.

Within your first year in the Fire Department you will be required to obtain and submit the following:

- A physical by the department physician (OSHA required)
- A PFT (pulmonary flow test) (OSHA required)
- Acknowledgement and submission to a required drug test (if requested)

Probationary requirements:

- To attend and participate in weekly drills/training offered by the West Monroe Volunteer Fire Department, Inc.
- To register for and attend a required NYS training class for a basic firefighter within the first two years of employment
- To complete the 15 hour orientation program offered by the WMVFD, to satisfy OSHA requirements of a new member within the first 90 days of acceptance as a new probationary member
- To maintain yourself as a member in good standing according to the bylaws of the WMVFD
- You shall be offered, and must accept or decline, a preventative vaccination series for Hepatitis B within the first 30 days of your employment

List three (3) character references not related to or living with you that you have known more than one (1) year:

Name	Phone #
_____	_____
_____	_____
_____	_____

What is your availability?: Days Nights Both

Are you now, or have you ever been, a member of another volunteer fire department or EMS provider? If so:

Name of department: _____

Department's telephone #: _____

Date of membership: _____

Reason for leaving: _____

Agreement: As a probationary member of the West Monroe Volunteer Fire Department, Incorporated, I understand that I am expected to attend four (4) business meetings and eight (8) training sessions, and assist in two (2) fund raising events during my six month probationary period. I understand that my attendance will be reviewed after my first six months. At that time my membership will be voted on for Regular or Fire Line status. I agree to abide by the Constitution and By-Laws set forth by the department, and to always uphold conduct worth of being a member.

Signature: _____

Date: _____

FOR COMMITTEE USE ONLY

Membership committee review: _____ Date: _____ Time: _____

Committee recommendation: _____

Reviewing member's signatures:

Officers present signature:

Date application presented: _____

Accepted Declined Applicant notified

Member number issued: _____ Date: _____

Disclosure and release

In connection with my application for membership or employment (including contract for services) with the West Monroe Volunteer Fire Department, Incorporated, I understand that consumer reports, which may contain public record information, may be requested and obtained.

These reports may include information related to my previous driving record including court actions, citations, license suspensions and revocations.

I authorize without reservation any party or agency contacted to furnish the abovementioned information.

I have the right to obtain information as to the name, address and phone number of any agency providing such information and further, may request of that agency, upon proper identification, the nature and substance of all information in its file on me at the time of my request, including all sources of information as well as the recipients of any reports on me which that agency has previously furnished within the two (2) year period preceding my request.

This authorization shall remain on file and shall serve as ongoing authorization for the organization to procure motor vehicle reports at any time during my employment, membership or contract period.

Print name

Signature

Date

Date of birth

If under 18 years of age Parent or Legal Guardian name:

Print Name

Cell phone #

Signature

Date

Member Information Form

Name: _____

FF ID#: _____

Email: _____

Cell #: _____

Cell Provider: _____

Home Number: _____

Address- Street: _____

City: _____

Additional Phone numbers: _____

In case of an emergency:

Contact name: _____

Contact phone: _____

State Fire ID Number: _____

State Ems ID Number: _____

Haz – Mat Level: _____

EMS Exp Date: _____

CPR Exp Date: _____

New Member Checklist

Member candidate's name: _____ FD #: _____

	Yes	No	Date	Initials
Application reviewed and read	<input type="checkbox"/>	<input type="checkbox"/>		
Applicant contacted – set up interview	<input type="checkbox"/>	<input type="checkbox"/>		
Interview completed	<input type="checkbox"/>	<input type="checkbox"/>		
References checked	<input type="checkbox"/>	<input type="checkbox"/>		
Membership committee recommendation	<input type="checkbox"/>	<input type="checkbox"/>		
Voted on at meeting	<input type="checkbox"/>	<input type="checkbox"/>		
Member accepted pending background checks	<input type="checkbox"/>	<input type="checkbox"/>		
New member contacted regarding outcome	<input type="checkbox"/>	<input type="checkbox"/>		

Requirements that must be met:

	Yes	No	Date	Initials
Personal information completed	<input type="checkbox"/>	<input type="checkbox"/>		
Arson background check	<input type="checkbox"/>	<input type="checkbox"/>		
NYS drivers license check	<input type="checkbox"/>	<input type="checkbox"/>		
Department physical	<input type="checkbox"/>	<input type="checkbox"/>		
PFT (Pulmonary Flow Test)	<input type="checkbox"/>	<input type="checkbox"/>		
Drug test	<input type="checkbox"/>	<input type="checkbox"/>		
Sex Offender Registry check				

	Yes	No	Date	Initials
Member completed all requirements	<input type="checkbox"/>	<input type="checkbox"/>		
Member sworn in as probationary	<input type="checkbox"/>	<input type="checkbox"/>		

Probationary member requirements:

	Yes	No	Date	Initials
Offered a Hep B vaccination series within 30 days of swearing in	<input type="checkbox"/>	<input type="checkbox"/>		
Acknowledgement of bylaws of departments	<input type="checkbox"/>	<input type="checkbox"/>		
completed the 15 hour OSHA required new member training within 90 days of probationary status acceptance	<input type="checkbox"/>	<input type="checkbox"/>		
Apparatus orientation	<input type="checkbox"/>	<input type="checkbox"/>		
PPE issued and explained	<input type="checkbox"/>	<input type="checkbox"/>		
Restrictions outlined and explained	<input type="checkbox"/>	<input type="checkbox"/>		

	Yes	No	Date	Initials
Has met all of the requirements of a probationary member	<input type="checkbox"/>	<input type="checkbox"/>		
Has moved to regular member status or RAM	<input type="checkbox"/>	<input type="checkbox"/>		