

# Deerfield Volunteer Fire Department



## Application for Membership

5476 Trenton Road  
Deerfield, NY 13502

315-732-2693

[www.deerfieldfire.org](http://www.deerfieldfire.org)

***For Office Use Only:***

1. Date Received: \_\_\_\_\_

2. Date Brought to the Body: \_\_\_\_\_

3. Date Interviewed: \_\_\_\_\_

Recommended: Yes: \_\_\_\_\_ No: \_\_\_\_\_

4. Date Voted on by the Body: \_\_\_\_\_

Accepted: Yes: \_\_\_\_\_ No: \_\_\_\_\_

5. Date of Arson Check Submission: \_\_\_\_\_

Clear: Yes: \_\_\_\_\_ No: \_\_\_\_\_

6. Date Voted on by the Board of Fire Commissioners: \_\_\_\_\_

Accepted: Yes: \_\_\_\_\_ No: \_\_\_\_\_

# *Timeline for application into the Deerfield Volunteer Fire Department*

*(Please be aware that the application process may take up to a minimum of 2+ months)*

## **Fill out**

- Membership Application (pg. 1-3)
- Privacy Notification (pg. 4)
- Release of Information (pg. 5)
- \$3.00 fee with application

## **Mail or deliver your application to the Trenton Road Station or any officer.**

- Your application will be brought before the membership for review, then tabled for 30 days.
- You will be asked to attend an interview with company and fire officers (The Chief will contact you)
- Your application will be voted on by the membership for approval at the next Business Meeting.
- Your application will be presented to the Deerfield Fire District's Board of Fire Commissioners for approval (3<sup>rd</sup> Wed. of the month)
- If your application is approved, you will then be contacted by the Chief and placed on Probation for a minimum of 6 months (may be extended if needed). At which time:
  - You will be assigned 2 Fire Officers and 1 Civil Officer as mentors.
  - You will be required to attend both Probationary and Regular monthly training.
  - You will be required to attend monthly business meetings and scheduled fundraisers.

## **As an Active member you will be;**

- Required to attend 100% of regular monthly business meetings
- Required to attend 50% of regular monthly trainings
- Required to attend 50% of fund raising events
- Expected to pay Annual Dues = \$3.00



DEERFIELD VOLUNTEER FIRE DEPARTMENT

5476 TRENTON ROAD  
DEERFIELD, NEW YORK 13502



APPLICATION FOR MEMBERSHIP

Active member \_\_\_\_\_

Restricted Active Member (16-17 y/o)

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

1. \_\_\_\_\_  
(Last Name) (First Name) (M.I.)

2. \_\_\_\_\_  
(Address) (Apt/Suite No.)

\_\_\_\_\_  
(City, Town, Village)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip)

3. ( ) - ( ) -  
(home phone) (work phone)

4. ( ) - Provider?  
(cell phone)

5. email address \_\_\_\_\_

6. D.O.B. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Social Sec. # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

7. Place of Birth: \_\_\_\_\_ Height: \_\_\_\_\_' \_\_\_\_\_"

8. If you are under 18 years old, state your age: \_\_\_\_\_

9. How long have you resided at the above address? Years: \_\_\_\_\_ Months: \_\_\_\_\_

10. How long have you resided in New York State? Years: \_\_\_\_\_ Months: \_\_\_\_\_

11. 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, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Are you currently employed? Yes \_\_\_\_\_ No \_\_\_\_\_  
If Yes, where;  
Name of Company \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
May we contact your organization as a reference? Yes \_\_\_\_\_ No \_\_\_\_\_

13. Do you have a valid NYS Driver License? Yes \_\_\_\_\_ No \_\_\_\_\_  
Driver's License ID # \_\_\_\_\_  
Driver's License Type \_\_\_\_\_

14. Please indicate your availability to participate in normally required fire department activities (meetings, drills, emergency calls, and fundraising events);  
Week days Days: \_\_\_\_\_ Evenings: \_\_\_\_\_ Nights: \_\_\_\_\_  
Weekends Days: \_\_\_\_\_ Evenings: \_\_\_\_\_ Nights: \_\_\_\_\_

15. Previous emergency services experience(s) (include only Fire, EMS, or Law Enforcement)  
Name of Company \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Contact Person \_\_\_\_\_  
(If more space needed, please indicate under "additional information on page 3)

16. Have you ever been a member of the US Armed Forces? Yes \_\_\_\_\_ No \_\_\_\_\_  
If "Yes", please give complete details in the space provided for "additional information" on page 3 (include service branch and service dates)  
If "Yes", did you receive an honorable discharge? Yes \_\_\_\_\_ No \_\_\_\_\_  
(Dishonorable discharge is not an absolute bar for membership. This and other factors will effect a final membership decision. You may elaborate under "additional information")

17. Have you ever been convicted or pled guilty to a felony, misdemeanor, insurance fraud, arson, or any child offenses? Yes \_\_\_\_\_ No \_\_\_\_\_  
If "Yes", give details in the space provided for "additional information" on page 3 (#20)

18. Are there any other medical or physical issues that would conflict with your ability to perform the tasks of "Firefighter" with the DFC? Yes \_\_\_\_\_ No \_\_\_\_\_  
If "Yes", give details in the space provided for "additional information" on page 3 (#20)

19. Please list three (3) personal references (NOT members of DFD) who have known you for at least three (3) years:

1. Name: \_\_\_\_\_ Telephone # \_\_\_\_\_

Address: \_\_\_\_\_

2. Name: \_\_\_\_\_ Telephone # \_\_\_\_\_

Address: \_\_\_\_\_

3. Name: \_\_\_\_\_ Telephone # \_\_\_\_\_

Address: \_\_\_\_\_

20. Please list the names of any acquaintances that are members of the DFD:

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21. OSHA regulation require that you pass a physical examination before becoming an active firefighter. The department's designated physician will provide you with a free medical examination.

Are you willing to undergo a medical exam? Yes \_\_\_\_\_ No \_\_\_\_\_

Are there any medical issues that we need to know about before releasing you to active status?

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22. Additional Information (including any NYS or other trainings/certifications)

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**An application fee of \$3.00 must accompany your application**

**Within the Freedom of Information Law, 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 THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_ BY THE UNDERSIGNED APPLICANT WHO AFFIRMS THAT THE STATEMENTS MADE HEREIN ARE TRUE UNDER THE PENALTIES OF PERJURY

APPLICANT SIGNATURE: \_\_\_\_\_

DATE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

WITNESSED BY: \_\_\_\_\_

DATE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**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 about you is found in Article 6 of the Executive Law.

The information obtained will:

Be used to determine your qualifications for the position for which you are applying

Be maintained in your personnel file (if you become a fire company member) or in your resume file for six months (if you are not become a fire company member)

Failure to provide the information or authorization will result in your application not being considered for membership

The information will be maintained by the Board of Fire Commissioners of the Deerfield Fire District #1



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## APPLICANT’S AUTHORIZATION FOR RELEASE OF INFORMATION

In order to confirm the information I supplied on my application for membership with the *Deerfield Fire Company*, I authorize all licensing agencies, educational institutions, law enforcement agencies, present and former organizations, and military services to disclose their relevant records about me to the *Deerfield Fire Company* 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 request for official documents and confirmation of my credentials

\_\_\_\_\_  
 Applicants Name (Please print)

\_\_\_\_\_  
 Applicant’s Signature

\_\_\_\_\_  
 Date

**Witnessed by:**

\_\_\_\_\_  
 Witness Name & Title (Please print)

\_\_\_\_\_  
 Witness’s Signature

\_\_\_\_\_  
 Date