



APPLICANT INFORMATION SHEET

WELCOME TO THE ELLICOTT CREEK VOLUNTEER FIRE COMPANY, Inc.

This informational document has been created in an effort to inform and familiarize a prospective member with the guidelines followed by the membership of the Ellicott Creek Volunteer Fire Company. It will briefly explain the minimum qualifications needed to become a member and remain membership in good standing, and finally the interview and admission process.

ALL APPLICATION FORMS MUST BE COMPLETED IN THEIR ENTIRETY, INCLUDING THE REQUEST FOR CRIMINAL HISTORY INFORMATION, NYS BACKGROUND CHECK FOR ARSON CONVICTIONS, AND THE NYS DIVISION OF CRIMINAL JUSTICE SERVICES VOLUNTEER FIREFIGHTER INQUIRY FORM. EACH CANDIDATE, AT FIRE COMPANY EXPENSE WILL ALSO BE REQUIRED TO PASS AN OSHA MEDICAL EXAM, WHICH WILL INCLUDES TESTING FOR ILLEGAL SUBSTANCES.

QUALIFICATIONS TO BECOME A PROBATIONARY FIREFIGHTER FOR THE ELLICOTT CREEK VOL. FIRE CO.

- You must be at least 18 years of age to apply
- You must possess a valid New York State driver's license or other form of picture ID.
- You must reside within 1/2 mile of the Fire District boundaries, and have been at your current address for a period of six (6) months, unless you are a transferring firefighter.
- You must be a citizen of the United States
- You must have no previous felony convictions.
- If an applicant is rejected for membership, he/she may not reapply for membership for at least one year.

A FIVE (\$5.00) DOLLAR FILING FEE MUST ACCOMPANY THIS APPLICATION

MINIMUM REQUIREMENTS FOR NEW PROBATIONARY FIREFIGHTERS.

- New members will be considered on probation for a minimum period of one year.
- New members must obtain N.Y.S. Firefighter I status within the one-year probationary period.
 - (This course is designed to be an introduction to firefighting).
- New members must obtain a FIRST AID card and CPR certification within the one-year Probationary period.
- Must attend 12 drills (Training) per year. Each drill (Training) is approximately 3 hrs. Drills are on Monday & Sunday.
- Must attend mandatory work details. (Fire Prevention Open House & 2 additional scheduled work details)
- Must attend 1/2 of the monthly business meetings (6 meetings per year)
- Must attend 20% of the total calls per year. (equals about 90 to 120 calls)
- Failure to complete these minimum requirements can result in termination of membership.



APPLICANT INFORMATION SHEET

WELCOME TO THE ELLCOTT CREEK VOLUNTEER FIRE COMPANY, Inc.

THE INTERVIEW & VOTING PROCESS FOR PROSPECTIVE PROBATIONARY FIREFIGHTERS.

- The application for membership will be read for the first time at the next General Business meeting after the application is received.
- Once the application has been received, including all the criminal history information, the applicant will be interviewed by the Investigative Review Committee.
- The Investigative Review Committee will make its recommendation to the membership for acceptance or denial, as a probationary member.
- The committee's recommendation will be based partly on the interview with the prospective candidate.
- If the candidate is accepted for probationary membership, he or she will be notified via mail to report to the next General Business meeting, to be sworn in and receive his/her fire equipment.
- At the end of the probationary period, usually one (1) year, the Investigative Review Committee will meet to determine if the probationary member has met all of his/her requirements
- A Majority vote of the membership will decide acceptance or denial of the candidate for full active membership in the Fire Company.
- Any questions regarding the application process should be referred to the Chief of the Department at 691-7439

THE ELLCOTT CREEK VOLUNTEER FIRE COMPANY HAS ESTABLISHED A JUNIOR FIREFIGHTER PROGRAM FOR INDIVIDUALS AGES 16 TO 18. FOR MORE INFORMATION CONTACT THE FIRE CHIEF.



Ellicott Creek Volunteer Fire Company, Inc.



Fire Station No. 1
45 S. Ellicott Creek Rd.
Amherst, NY 14228

Fire Station No. 2
3000 Sweet Home Rd.
Amherst, NY 14228

APPLICATION FOR MEMBERSHIP (Please Print)

NAME: (First) (Middle initial) (Last) SOCIAL SECURITY NUMBER

RESIDENCE ADDRESS: (Street) (City) (State) (Zip Code)

MAILING ADDRESS: (Street) (City) (State) (Zip Code)

AREA CODE TELEPHONE NUMBER

EMAIL ADDRESS:

DRIVERS LICENSE I.D. NUMBER

CLASS

STATE

EXPIRATION DATE

APPLICANT MUST ANSWER ALL OF THE FOLLOWING QUESTIONS

Are you a citizen of the United States? _____

How long have you resided at the above address? _____

State your age _____ Date of Birth _____ Sex _____

Marital Status: _____

Dependents other than Spouse: Children 18 or over _____ Children under 18 _____

Other _____

Military Service: Years _____ Final Rank _____ Branch _____

Your present status (a) Selective Service Classification _____

(b) Reserve Status _____

Did you graduate from: Grade School _____ High School _____ College _____

State degree or certificate awarded: _____

Present Employer: _____

Previous (if less than 1 yr.) _____

Employer's Address: _____

Type of Work Performed: _____

Location of principle occupation if different from above address: _____

State normal working schedule: Days _____ Nights _____ From: _____ am to _____ pm

Phone number at which you may be reached in emergency: _____

Do you own an automobile? _____



Ellicott Creek Volunteer Fire Company, Inc.

Fire Station No. 1
45 S. Ellicott Creek Rd.
Amherst, NY 14228

Fire Station No. 2
3000 Sweet Home Rd.
Amherst, NY 14228



APPLICATION FOR MEMBERSHIP (Please Print)

Have you ever been a member of any fire rescue or ambulance department? Yes__ No__ From_____ to _____

Name of the Department _____ Location: _____

State offices _____

Fire Chief's Name _____ Phone: _____

Do you hold a Red Cross First Aid Card? _____ Class: _____ Expires: _____

Do you hold an Emergency Medical Technician Certificate? Yes__ No __ Expires: _____

New applicants for membership in the Ellicott Creek Volunteer Fire Company may be required to undergo testing for illegal or controlled substances and required to undergo a physical examination by the physician designated by the Board of Directors and Chief of the Department, per prescribed physical examination report. This is to be accomplished with the time limit set by the Board of Directors and Chief of the Department.

State any Physical limitations: _____

State any serious illness, or injuries in last five years: _____

List any associations, clubs, or organizations to which you now belong:

Name: _____ Office Held _____

Have you ever been arrested on any charge other than a traffic violation? _____ if so, give details and disposition of case: _____

PERSONAL REFERENCES (DO NOT INCLUDE RELATIVES)

DO NOT INCLUDE RELATIVES

1. Name	Address	City	State	Zip	Area Code Telephone No.	Area Code Telephone No.
2. Name	Address	City	State	Zip	Area Code Telephone No.	Area Code Telephone No.
3. Name	Address	City	State	Zip	Area Code Telephone No.	Area Code Telephone No.

Do you know any members of the Ellicott Creek Volunteer Fire Company (if so who?)



Ellicott Creek Volunteer Fire Company, Inc.



Fire Station No. 1
45 S. Ellicott Creek Rd.
Amherst, NY 14228

Fire Station No. 2
3000 Sweet Home Rd.
Amherst, NY 14228

APPLICATION FOR MEMBERSHIP (Please Print)

In case of Emergency Notification _____

Blood Type _____ Medication Reaction _____

Note: If applicant is between the age of 16 and 18 years, parent or guardian must consent by affixing signature to application.

I hereby assume any and all responsibility for the applicant and release the Ellicott Creek Volunteer Fire Company, Inc. from any and all responsibility arising by reason of age of applicant.

Dated ____/____/____

Witness

Signature of Parent or Guardian

I hereby make application for probationary and/or Junior membership and if nominated agree to abide by the Constitution and By-Laws of the Ellicott Creek Volunteer Fire Company Inc., now in effect, or any subsequent additions or revisions. I further agree to return all property of the fire company in my possession within 10 days of leaving the fire company for any reason. I also state that the above information is true and complete to the best of my knowledge. I understand that any false statements on this application shall be considered sufficient cause for denial of membership. **I agree to submit to a criminal background check, OSHA physical and/or test for the presence of alcohol or controlled substances as required by the Ellicott Creek Volunteer Fire Company and authorize the release of said test results to the Chief of the Department or President of the Fire Company.**

Applicant's Signature: _____

INVESTIGATIVE REVIEW COMMITTEE INFORMATION

DO NOT COMPLETE BELOW LINE

First Reading Date ____/____/____

Second Reading Date ____/____/____

Application reviewed by the Investigative Review Committee, including:

Application Approved Yes (___) No (___)

Date ____/____/____

Final disposition at regular meeting ___ Accepted ___ Rejected Date ____/____/____



Ellicott Creek Volunteer Fire Company, Inc.

Fire Station No. 1
45 South Ellicott Creek Road
Amherst, New York 14228
Telephone: 716-691-7439
Fax: 716-691-7477

Fire Station No. 2
3000 Sweethome Road
Amherst, New York 14228
Telephone: 716-691-6527
Fax: 716-691-7477

Website: www.ecvfd.org

Joseph Osika, Fire Chief

Brian Wildrick, President

POLICE RECORD CHECK

To: Amherst Police Department
500 John James Audubon Parkway
Amherst, NY 14228

Date: ___/___/___

The individual named below has applied for a position with, The Ellicott Creek Volunteer Fire Company, which involves considerable trust.

The applicant's signature on this request released you and your staff from all liability in responding to inquires in connection with his/her application. Your reply to this request will be held in strictest confidence.

Sincerely,

(Name) (Title)

I, _____, SSN: ___ - ___ - _____, hereby authorize the Law Enforcement agency listed above to release the information requested to The Ellicott Creek Volunteer Fire Company, Inc. Additionally, I hereby provide the following personal information to assist in this request.

(Last Name) (First Name) (MI) (Sex) (Drivers License ID #)

(Address) (City) (State) (Zip)

(Birth Date) (Color of Eyes) (Color of Hair) (Weight) (Height)

Witness: _____ Signed: _____

POLICE RECORD INFORMATION

Individual listed above has: No Police Record ___ the following record:

Date of Arrest **Place of Arrest** **Offense** **Final Action**

Remarks: _____

Date: _____ Signed: _____



NEW YORK STATE DIVISION OF CRIMINAL JUSTICE SERVICES
Office of Criminal Justice Operations
Volunteer Firefighter Inquiry Form

INSTRUCTIONS: This form is to be used only by a Sheriff's Office (or OFPC, where applicable) when performing searches authorized under NY Executive Law §837-o in connection with individuals seeking membership in a Volunteer Fire Department.

A. DATE:

This form must be U.S. mailed, faxed or hand delivered between agencies. E-mail transmission is not permissible.

Shaded boxes are required data elements.

B. REQUESTING VOLUNTEER FIRE DEPARTMENT

DEPARTMENT NAME: Ellicott Creek Vol. Fire Company, Inc.

FIRE CHIEF NAME: Joseph Osika

SIGNATURE:

ADDRESS: 45 So. Ellicott Creek Rd
 Amherst, NY 14228

TELEPHONE NUMBER:

FAX NUMBER:

1. NAME (LAST, FIRST, MIDDLE)

2. ADDRESS (Street, City, Zip Code)

3. ALIAS AND/OR MAIDEN NAME

4. SEX

M F

5. RACIAL APPEARANCE

White Black Indian Asian Unknown Other

6. ETHNICITY

Hispanic Not Hispanic Unknown

7. HEIGHT

Ft. In.

8. DATE OF BIRTH

Month Day Year

9. PLACE OF BIRTH

10. SOCIAL SECURITY NO.

INVESTIGATING OFFICER: _____ DATE _____
 (PRINT NAME/TITLE)

INVESTIGATING OFFICER SIGNATURE _____

RESULTS OF INQUIRY

- NO RECORD OF AN ARSON CONVICTION OR A CONVICTION REQUIRING REGISTRATION AS A SEX OFFENDER
- CONVICTED OF ARSON; NO RECORD OF A CONVICTION REQUIRING REGISTRATION AS A SEX OFFENDER
- CONVICTED OF A CRIME REQUIRING REGISTRATION AS A SEX OFFENDER; NO RECORD OF AN ARSON CONVICTION
- CONVICTED OF ARSON AND CONVICTED OF A CRIME REQUIRING REGISTRATION AS A SEX OFFENDER