



# 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.



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## **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? \_\_\_\_\_



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## 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?)

\_\_\_\_\_

\_\_\_\_\_



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## 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](http://www.ecvfd.org)

*Joseph Osika, Fire Chief*

*Brian Wildrick, President*

## POLICE RECORD CHECK

To: Tonawanda Police Department  
1835 Sheridan Drive  
Tonawanda, NY 14150

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