



Enfield Volunteer
Fire Company, Inc.

172 Enfield Main Rd.
Ithaca, New York 14850
(607) 272-8757

APPLICATION FOR MEMBERSHIP

Date _____

Last Name _____ First Name _____ MI _____

Street Address _____

City, State, Zip code _____

How long have you been a resident at the above address? Years: _____ Months: _____

How long have you resided in New York State? Years: _____ Months: _____

Home Phone _____ Work Phone _____

Nickname _____ Alias and/or Maiden Name _____

E-mail Address (Home). _____ (Work) _____

Date of Birth _____ Place of Birth _____

Social Security No. _____ Race _____ Sex _____ Age _____

Height _____ Weight _____ Drivers license No _____

State _____ Class _____ Exp _____ Emergency

contact _____

Relation _____ Address _____

Phone _____

Physician _____ Phone _____

Dentist _____ Phone _____

Chronic Allergies _____

Medications _____

Check (X) if yes:

Heart Problem Pace Maker Eye Glasses Contact Lenses
 Hearing Loss Hearing Aid Diabetes Emphysema
 Hypertension Fear of Heights Fear of Dark Fear of Closed Area
 Other _____

Physical Limitations _____

High School (or other institution) from which you received a diploma or equivalent
School _____ Address _____ Coll
ege Degrees _____
Veteran (Y or N) Military Reserve (Y or N)
Private or Military Awards _____

Employer _____ Position _____

Address _____ Phone _____

Shift Hours _____

Special Skills and Hobbies _____

List 2 Personal references:

Name _____ Phone No. _____

Address _____

Name _____ Phone No. _____

Address _____

Please list any acquaintances you have in this organization: _____

Previous Emergency Services Experience

Name of Agency _____ Phone No. _____

Address _____

Contact Person _____ Phone No. _____

Years of Service _____ Positions Held _____

Any Charges ever brought against you by the Agency? (Y or N)

If yes, explain _____

List any courses completed or certificates (attach copies if available) _____

Fire Company Interests:

Firefighter Truck/Pump Operator
Rescue/EMS Extrication Department Operations Booster

Have you ever been convicted or plead guilty to any felony, misdemeanor, insurance fraud, arson, or a reduction of one of these offenses? (Yes or No) If yes, give details and attach to this application.

OSHA regulations require that you pass a physical examination before becoming an active member. The Fire Company's designated physician will provide you with a free medical examination. Will you be willing to undergo a medical examination? (Yes or No)

A background investigation is required to be performed, as per New York State law, to determine if you have been convicted of any Arson Crime.

We require all applicants to possess a High School diploma or GED. A copy must accompany this application.

A \$2.00 (two dollar) processing fee must accompany this application.

Applicant's Signature

Date



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APPLICANTS AUTHORIZATION FOR RELEASE OF INFORMATION

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

Applicant Name (Please Print) _____

Applicant's Signature _____ Date _____

Witnessed by: _____

Name and Title (Please Print) _____

Signature _____ Date _____

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 our resume file for six months (if you are not 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 _____ of the _____ Fire Company.