

# Brockport Volunteer Firefighter's Association, Inc.

38 Market St., P.O. Box 254, Brockport, NY 14420

Association President and B.O.D. Office : 637-1037

Non Emergency: 637-1030 Fax: 637-1031

## Application for Membership

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Please Print Clearly

Please mark the position(s) you are applying for:

Firefighter

Fire Police

Mutual Aid

\_\_\_\_\_  
Name (Last, First, Middle Initial):

\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Date of Birth:

\_\_\_\_\_  
Sex:

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

\_\_\_\_\_  
Last Previous Address:

\_\_\_\_\_  
City:

\_\_\_\_\_  
City:

\_\_\_\_\_  
State:

\_\_\_\_\_  
Zip:

\_\_\_\_\_  
State:

\_\_\_\_\_  
Zip:

\_\_\_\_\_  
Phone #:

\_\_\_\_\_  
Cell # :

\_\_\_\_\_  
E-Mail Address

\_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Social Security Number:

\_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Driver's License Number: (Include Copy of License)  
A NYS driver's license is required for membership

### Contact Person in case of Emergency:

Name \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_

City \_\_\_\_\_

Phone or Cell # \_\_\_\_\_

Zip code \_\_\_\_\_

### Please answer all of the following questions:

Have you previously filed an application with this organization ?

( ) yes ( ) no

Do you have you any previous firefighting expererience?

( ) yes ( ) no

if yes, what Department \_\_\_\_\_

(If yes, you are required to provide a letter from a Chief Officer of that Department verifying you were a member in good standing)  
(Please provide copies of any fire related certifications or certificates)

Do you have any friends or relatives who are presently members of this organization?

( ) yes ( ) no

If yes, list name (s)

Are you a citizen of the United States? ( ) yes ( ) no  
 If not, do you possess an Alien registration card? ( ) yes ( ) no  
 Have you been ever convicted of a crime? ( ) yes ( ) no  
 Have you ever been convicted of an arson-related crime? ( ) yes ( ) no  
 Have you been convicted of a DUI/DWI in the past 10 years? ( ) yes ( ) no  
 Are you currently Active in the United States Military? ( ) yes ( ) no  
 Are you veteran of the United States Military Service ? ( ) yes ( ) no  
 Do you have any physical , mental or medical impairments or disability that would limit your job performance? ( ) yes ( ) no  
 If necessary, please explain \_\_\_\_\_  
 \_\_\_\_\_

Are you presently a member of any other civic organization? ( ) yes ( ) no  
 If yes, please list \_\_\_\_\_  
 \_\_\_\_\_

Please provide two references, not related to you , include their name, address and phone number  
 \_\_\_\_\_  
 \_\_\_\_\_

Education :        Years completed \_\_\_\_\_        Diploma/Degree \_\_\_\_\_

Do you possess any specialized training, licenses or skills? \_\_\_\_\_  
 \_\_\_\_\_

Employment: List places of employment for the past three years?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Participation Availability: Mornings ( ) yes ( ) no        Afternoons ( ) yes ( ) no  
    Evenings ( ) yes ( ) no        Flexible ( ) yes ( ) no

Are you able to attend evening meetings and drills? ( ) yes ( ) no  
 Are you able to attend day time drills? ( ) yes ( ) no

Please read the following statements carefully, as they represent matters of importance to both you and the BVFA in connection with your application for membership. Please initial after each statement.

**I understand that:**

- . The information that I have provided on this application is true and accurate to the best of my knowledge. Any misrepresentations or any deliberate omissions in my application or other submitted materials may be justification for refusal of membership or termination of membership. ( *Initial* ) \_\_\_\_\_
- . I voluntarily authorize the BVFA to verify any and all information contained in this application. This may be done through interviews, background checks, criminal checks and driver's license checks. (All information will be kept confidential ) ( *Initial* ) \_\_\_\_\_
- . I hereby release and agree to hold harmless from liability any person or organization that provides information about me to the BVFA. I also agree to hold harmless the BVFA, its directors, and members. ( *Initial* ) \_\_\_\_\_

- . A medical assessment/exam , which may include drug and alcohol screening, is required for active membership. Failure to successfully complete the required assement /exam may result in withdrawal of an offer of membership. ( *Initial* ) \_\_\_\_\_
- . I understand that I will successfully complete the basic in house Firefighter training program (within one (1) year) in accordance with BVFA Bylaws. Failure to successfully complete the required training may result in my removal from membership. (The Fire Chief's Office may extend the time frame or modify this requirment on a case by case basis) ( *Initial* ) \_\_\_\_\_
- . I understand that I will successfully complete the Firefighter 1 class (within eighteen (18) months) in accordance with BVFA Rules and Regulations. Failure to successfully complete the required training may result in my removal from membership. (The Fire Chief's Office may extend the time frame or modify this requirement on a case by case basis) ( *Initial* ) \_\_\_\_\_
- . I understand that I will may resign from the BVFA at any time. All property belonging to the BVFA and the Brockport Fire District must be returned in good condition. Failure to return all property may result in legal proceedings being initiated. ( *Initial* ) \_\_\_\_\_
- . I understand that upon resignation, termination or I dipose of my vehicle I must remove any and all markings or insgnias of the BVFA and/or Brockport Fire District from my vehicle(s). ( *Initial* ) \_\_\_\_\_
- . I understand that if any issued equipment is lost, stolen or damage as a result of my own negligence, I may be personally liable for the replacement cost. ( *Initial* ) \_\_\_\_\_
- . In signing this application, I have read all attached information and apply for membership with the BVFA. I agree to comply with the Bylaws, Rules and Regulations, Policies and SOP's of the Association and District which will be available for review upon apporval of my membership. ( *Initial* ) \_\_\_\_\_
- . I have receive a copy of the above statements for my records. ( *Initial* ) \_\_\_\_\_

Consent For Disclosure

I \_\_\_\_\_ give the Investigating Officer of the Brockport Volunteer Firefighter's Asociation Inc. and the Brockport Fire Distric Chief's Office my consent to make any and all necessary inquiries in regard to my application for membership .

Signature of Applicant : \_\_\_\_\_

Date: \_\_\_\_\_

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For Official Use Only

We the undersigned, do hereby certify that the information in this application for membership is true and correct, to the best of our knowledge and that said request has been properly acted on in accordance with our By-Laws, Rules and regulations and Policies.

BVFA Secretary \_\_\_\_\_ Date \_\_\_ / \_\_\_ / \_\_\_

BVFA President \_\_\_\_\_ Date \_\_\_ / \_\_\_ / \_\_\_

District Chief \_\_\_\_\_ Date \_\_\_ / \_\_\_ / \_\_\_

District Secretary \_\_\_\_\_ Date \_\_\_ / \_\_\_ / \_\_\_