

West Webster Volunteer Fireman's Association



# Application for Active Membership

## Personal Information

Name		Previous Address	
Have you ever been known by a different name, if YES, by what name		How long did you live at your previous address	
Current Street Address	City	State	Zip
How long have you lived at your current address	E-mail Address		
City	State	Zip	
		( )	( )
		Home or Cell Phone Number	Work Phone Number

**The West Webster Volunteer Fireman's Association requires that all applicants be at least 18 years of age. Are you at least 18 years of age?  Yes  No**

## Arson Conviction

In accordance with NYS Law, an arson conviction will immediately exclude your application for active membership.

Have you ever been convicted of the crime of Arson (in any degree)?  Yes  No

## Employment Information

Current Employer (If you are a student, enter your school as employer)	
Address	
City	State Zip
Department (if any)	
Occupation (If you are a student, enter your occupation as <i>student</i> )	Years employed
Work Hours	( ) Employer's Telephone Number
Do you work shift work? <input type="checkbox"/> Yes <input type="checkbox"/> No	

## Educational Background

All applicants must have either a high school diploma or equivalent.

Are you a high school graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Do you have a GED?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, what high school did you attend?
Are you a college graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
		If YES, what college or university did you attend?
Please list any personal or professional development courses you have completed which you feel would be of benefit to our organization.		

## Military Service Record

Were you in U.S. Armed Forces?  Yes  No

If YES, what Branch?

Dates of duty: From

  
Month  
Day  
Year

To

  
Month  
Day  
Year

Rank at discharge

List duties in the service, including special training

## Firefighting Experience or EMS Training

Have you ever been a member of another Fire Department or EMS agency before?  Yes  No If YES, dates of service: \_\_\_\_\_

If YES, name of Fire Department or EMS agency: \_\_\_\_\_

Please list any previous Firefighting Experience or Training (include educational background in Fire Science, EMS Training, Membership in other Fire Departments and/or Fire related youth group affiliations, i.e. Fire Exploring). **No previous experience or training is necessary for acceptance.**

Training

Dates

Training

Dates

Training

Dates

Training

Dates

Training

Dates

Additional Training or Experience (Use if you fill the 5 slots above)

## Criminal Conviction

Have you ever been convicted of a felony or of any crime (including Military)?  Yes  No

If YES, please give dates and disposition:

**NOTE: IT IS THE POLICY OF THE WEST WEBSTER FIRE ASSN., INC., TO CONDUCT A CRIMINAL BACKGROUND CHECK ON ALL APPLICANTS. NYS LAW REQUIRES AN ARSON BACKGROUND CHECK FOR ALL APPLICANTS APPLYING FOR ACTIVE MEMBERSHIP.**

## Personal References - Please list three personal references other than relatives.

Name	Address	Telephone
Name	Address	Telephone
Name	Address	Telephone

## Signature - An Application Fee of \$20.00 must accompany this application. Acceptance of this application is subject to approval by the membership of this association, and the West Webster Fire District.

Signature	Date
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My signature indicates that I have answered all questions truthfully, and to the best of my knowledge. It also authorizes the Fire District to conduct a background check. **Falsification of your application is grounds for denial of, or removal from, membership. YOU MUST BE 18 YEARS OF AGE OR OLDER AND BE A HIGH SCHOOL GRADUATE OR EQUIVALENT.**

### ASSOCIATION USE ONLY:

Criminal & Arson background check performed: <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>INTERVIEWED BY:</b>
Candidate was interviewed by the Committee: Date _____	Name _____ Date _____
Committee recommends this Candidate for membership: <input type="checkbox"/> Yes <input type="checkbox"/> No	Name _____
If NO, why not: _____	Name _____
Date application was brought before the Association: _____	Name _____
Fire District Approval: <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____	Name _____

\$20 Application Fee Received:  Cash  Check

**Date and Time Application was received:**  
 Date: \_\_\_\_\_ Time: \_\_\_\_\_ Application Received By: \_\_\_\_\_

New York State Law Chapter 634 (Town Law), Article 11, Section §176-b, paragraph 14, subsection 3a states,

"It shall be an unlawful discriminatory practice for any volunteer fire department or fire company, through any member or members thereof, officers, board of fire commissioners or other body or office having power of appointment of volunteer firemen in any fire department or fire company pursuant to this section, because of the race, creed, color, national origin, sex or marital status of any individual, to exclude or to expel from its volunteer membership such individual, or to discriminate against any of its members because of the race, creed, color, national origin, sex or marital status of such volunteer members." **West Webster Vol. Fireman's Assn. & West Webster Fire District are Equal Opportunity Employers.**