



4581 Grace Place  
Jamesville, NY 13078  
(315) 469-5171

## Southwood Volunteer Fire Department

### Application for Membership

Date of application: \_\_\_\_\_

Name: \_\_\_\_\_

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

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ Cell/Pager: ( ) \_\_\_\_\_

How long at present address: \_\_\_\_\_

Previous address, if less than one year: \_\_\_\_\_

Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_      Date of birth: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Have you ever been convicted of arson? Yes \_\_\_\_ No \_\_\_\_

Have you ever been convicted or received a violation for an alcohol related driving offense?  
Yes \_\_\_\_ No \_\_\_\_

Do you object to the department running a criminal background check? Yes \_\_\_\_ No \_\_\_\_

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What position are you applying for? Firefighter / Fire Police / EMS / Support Services

Have you had any fire/rescue training? Yes \_\_\_\_ No \_\_\_\_ (Attach copies of all certificates)

List any fire companies or rescue squads of which you are presently or have been a member:  
(Not required – ALL training is provided)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
President or Chief: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Military service: Yes \_\_\_\_\_ No \_\_\_\_\_ if yes, how many years: \_\_\_\_\_ Branch: \_\_\_\_\_

Occupation: \_\_\_\_\_ Normal work hours: \_\_\_\_\_  
Employer: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Address: \_\_\_\_\_  
Street City State Zip code

Are you available for emergency calls / training / drills (check all that apply)?

**Days (6am-6pm)** \_\_\_\_\_ **Nights (6pm-6am)** \_\_\_\_\_ **Weekends** \_\_\_\_\_

Why do you wish to become a member of this department? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How were you referred to this department?  
\_\_\_\_\_

In case of an emergency, who should we notify?  
\_\_\_\_\_

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship: \_\_\_\_\_

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

**Do Not Write Below This Line**

Membership: EMS / Firefighter / Support Services

Board review: \_\_\_\_\_ Date of Review: \_\_\_\_\_

Remarks: \_\_\_\_\_  
\_\_\_\_\_

Accepted on: \_\_\_\_\_ Rejected on: \_\_\_\_\_

Assigned to Sponsor: \_\_\_\_\_ New Member Packet Issued: \_\_\_\_\_

**WITHIN THE FREEDOM OF INFORMATION LAW, ALL INFORMATION CONTAINED/  
/OR OBTAINED HEREIN WILL REMAIN CONFIDENTIAL AND WILL BE USED FOR  
INTERNAL MEMBERSHIP PROCESSING.**

**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 released to the Fire Chief and your potential supervisors; and
- Be maintained in your personal 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 the Chief / Officers of the Southwood Volunteer Fire Department, 4581 Grace Place Jamesville, NY 13078 (315) 469-5171

IN WITNESS WHEREOF, THIS APPLICATION HAS BEEN SUBSCRIBED THIS \_\_\_\_ DAY  
OF \_\_\_\_\_, 2005 BY THE UNDERSIGNED APPLICANT WHO AFFIRMS THAT THE  
STATEMENTS MADE HEREIN ARE TRUE UNDER THE PENALTIES OF PERJURY

APPLICANTS SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

WITNESSED BY \_\_\_\_\_

DATE \_\_\_\_\_