



Vischer Ferry Volunteer Fire Company, Inc.
360 Riverview Road
Rexford, NY 12148



Application for Membership

First Name:

Middle Name:

Last Name:

Home Address – Street

City

State

Zip

How long have you resided at this address: Years _____ Months _____

NYS Driver’s License Number: _____

Phone #s: Home _____ Work: _____ Mobile: _____ Mobile Carrier: _____

Email Address: _____ Date of Birth: _____

***If under 18 years of age, parent or legal guardian consent is required.**

Emergency Contact Information: Name: _____ Phone Number: _____

Are you available on Wednesday Nights: Yes No

As it relates to emergency response, please identify the time frames that you are generally available to respond:

Weekdays: Days Evenings Nights Weekends: Days Evenings Nights

Are you currently employed? Yes No

Please provide employer’s information below. May we contact your employer for a reference? Yes No

Employer Name: _____

Supervisor’s Name: _____ Phone: _____

Do you have any previous emergency service experience? Yes No If yes, please 1) provide agency information below 2) attach copies of any training certificates.

May we contact your previous agency for a reference? Yes No

Agency name: _____

Supervisor/Chief Name: _____ Supervisor/ Chief Phone #: _____

If a previous member the United States Armed Forces, did you receive a dishonorable discharge? Yes No

- **If yes please provide details separately. Note: A dishonorable discharge is not an absolute bar from membership. This and other factors will affect a final membership decision.**

Have you ever been convicted or plead guilty to a felony, fraud, arson or any crime that would require you to register as a sex offender? Yes No If yes, please provide details separately.

- **Under New York State Law, any person who has been convicted of arson in any degree is not eligible to be elected or appointed as a volunteer member of a fire company.**

Please list any acquaintances who are members of this organization:

Please list three personal references, other than family members or members of this organization, who have known you for at least three years:

Name: _____ Phone # _____

Name: _____ Phone # _____

Name: _____ Phone # _____

Additional Information (Please attach a separate page if needed)

The applicant authorizes the Vischer Ferry Fire Company to fully investigate the information provided which shall include a background check for arson as well as sex offender status.

- Do you consent to a background check for arson & sex offender status? Yes No Initials * _____ *

Any misrepresentations or false statements will disqualify the applicant from membership.

You will be required to obtain and pass a physical examination and submit and pass a drug screening by the authorized health care provider of the Vischer Ferry Fire District with no charge to you.

- Do you consent to undergo a physical examination and submit to a drug screening? Yes No

Failure to pass the physical examination and/or drug screening will result in immediate dismissal from the fire company.

An application fee of \$5 must accompany this application. Is the application fee attached: Yes No

Two forms of Identification must be provided with the application including a picture ID

Parent/Guardian Signature (required for applications under 18 years of age*):

_____ Date: _____

Applicants Signature*: _____ Date: _____

For Fire Company Use Only: Reviewed and Recommended by the following Investigation Committee Members

_____ Date Application Received: _____ Date Approved _____

Application Checklist:

Completed Application

Two Forms of Identification (1 Picture ID)

\$5 Non-Refundable Application Fee

Initialed Consent For Background Check

Signature

Parent/ Guardian Signature (if under 18)

**Once completed, printed, and signed, feel free to submit application Wednesday nights at 7 pm
at Station 1, 360 Riverview Road, Rexford, NY 12148**

**Cash and checks are accepted for application fee.
Please make check payable to "Vischer Ferry Volunteer Fire Company"**