



BRISTOL
VOLUNTEER FIRE DEPARTMENT, INC.
 4350 Route 64
 Canandaigua, New York 14424



APPLICATION FOR MEMBERSHIP

Name: _____
 Address: _____
 City _____ State _____ Zip _____
 Telephone: Home _____ Work _____ Cell _____
 Email: _____

Type of membership desired: (circle one)

Active Service Junior Social Temporary

In case of emergency please notify:

Name: _____
 Relationship: _____
 Address: _____
 City _____ State _____ Zip _____
 Telephone: Home _____ Work _____ Cell _____

By signing this application I acknowledge that the information provided is true and correct. (NOTE: If Temporary Membership is desired, applicant agrees to the terms and conditions at the bottom of this page).

X _____ Date _____

Sponsoring Member's Name: _____

X _____ Date _____

Temporary Membership Effective Date: _____ **Expiration Date:** _____

Temporary Memberships: Temporary membership is valid for up to ONE WEEK after the effective date. Temporary Members may only volunteer for fund raising events and are NOT permitted to respond to any emergency calls of any type during the term of their membership. Any injuries sustained during service as a Temporary Member must be reported to a BVFD Officer as soon as possible.

Personal Information

Sex : M F Age: _____ Height: _____ Weight: _____

How long at present address? _____

Where employed: _____

Do you work: Days ____ Nights ____ Other _____

Are you able to leave work for emergencies if necessary? _____

New York State Drivers License ID Number: _____

Have you ever been arrested and convicted of arson? _____

(NOTE: NYS law requires ALL applicants to have a CRIMINAL HISTORY BACKGROUND CHECK for arson convictions)

Are you being treated for any of the following illnesses:

Cardiac or coronary disease _____

Epilepsy _____

Blood pressure problems _____

Emphysema _____

Other _____

What part of the Bristol Volunteer Fire Department are you most interested in?

Why do you wish to join the Department?

If accepted as a member, do you agree to take and complete any mandated training during the prescribed period? _____

Have you ever been a member of any other Fire Department or Ambulance Service organization? _____

If yes, are you still a member? _____

If you are or were a member of a previous Fire/EMS organization please complete this section.

Name of Department: _____ --

Date of service: _____ Date of resignation: _____

If either question was answered YES, list two (2) references from your previous department.

Name: _____

Address: _____

Telephone: Home _____ Work _____ Cell _____

Name: _____

Address: _____

Telephone: Home _____ Work _____ Cell _____

Please list any/all offices held in your previous department(s):

Please list any pertinent qualifications or training:

Please list three (3) references (not mentioned above) with their contact information.

Name: _____

Address: _____

Telephone: Home _____ Work _____ Cell _____

Name: _____

Address: _____

Telephone: Home _____ Work _____ Cell _____

Name: _____

Address: _____

Telephone: Home _____ Work _____ Cell _____

INVESTIGATION COMMITTEE RESULTS
Reference checks: Arson _____ Personal/Prior Department _____
Recommendation for membership: YES NO
Approved: YES NO Date of Membership approval: _____

General information for applicants:

- You must provide all information requested on the application in order for us to consider you for membership.
- You will be called to meet with the Membership Committee on a Monday night.
- After favorable reference and arson background checks have been made, and after a meeting with the Membership Committee, your name will be brought up before the general membership at the next monthly meeting. These are held on the first Monday of every month except December.
- You will be notified after the meeting of your acceptance as a member. Membership is contingent upon the payment of dues, which are \$5.00 per year.
- You will be issued turn out gear and radio. Turn out gear must be kept at the firehouse until you are cleared for active duty.
- All new active members must complete a total of 15 hours of training as specified by the Fire Chief before being cleared for active duty.
- Each year all active members must complete a minimum of 8 hours of OSHA training in order to remain active.