

Bristol Volunteer Fire Department, Inc.



MEMBERSHIP APPLICATION

4350 Route 64
Canandaigua, NY 14424

(585) 229-5505

www.bristolvfd.com

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INTRODUCTION

Although no previous experience or training is required, you need more than just a desire to help people. You also need courage and dedication, assertiveness, and a willingness to learn new skills and face new challenges.

BVFD activities include response to emergency calls, training sessions to constantly hone our skills, truck checks to maintain the fire apparatus and equipment, meetings and miscellaneous fund-raising activities.

The fire service is one that calls on its members to perform hot, sweaty, dirty, strenuous work, often in uncertain and hazardous environments. Our volunteers need to be team players, respecting each other's roles and contributions.

You need to be able to work on-call and to deal with occasional interruptions to your lifestyle, dropping what you're doing at the 'tones' to respond to the emergency needs of your fellow citizen.

The BVFD must be available to respond to all calls, 24 hours a day, 7 days a week, 365 days a year. In order to do so, each member must take it upon him or herself to be available as much as he or she reasonably can and respond whenever available.

That said, it is our feeling that your family and your job come first and we do not wish for either to suffer because of your membership here.

We also expect that you have a high dedication to learning, to doing the best you can, and not being afraid to ask questions. The fire service is ever changing, and we expect all of our members to contribute in some way to the growth of our department.

You will receive on the job training as well as classroom and practical instruction. In some cases you might be asked to step back until you have progressed more in your learning. This is for your safety to prevent you from getting into a situation beyond what you have been trained for.

Time and location permitting, you will be taken by the officer or another member and given a full explanation and examination of an incident scene for educational purposes.

BVFD members are also expected to participate in a minimum of 50 activities (drills, calls, work details, etc.) annually. While emergency calls occur at any time of the day and week, most drills take place on Monday evenings. The first Monday of every month is the Company meeting where administrative matters are discussed and decided. On subsequent Monday nights we inspect each piece of apparatus, then conduct a hands-on drill.

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APPLICATION FOR MEMBERSHIP

INSTRUCTIONS

Greetings!

Thank you for your interest in joining the Bristol Volunteer Fire Department. New members are very important to any volunteer organization. We appreciate your time spent completing our application completely and thoroughly.

- Please include two copies of your driver's license.
- Submit \$5.00 annual dues with the application. This will be refunded if not accepted as a member.

You may remove the first two sheets (pages 1 through 4) of this form and use these instructions to assist you in completing the application.

Using lines 1-3 list your name and address at which you reside. (**NOTE:** BVFD rules require that all applicants live within the town of Bristol OR within one (1) mile of its fire district boundary lines UNLESS you are employed within the Town of Bristol or its fire protection district.)

Question 4 asks your date of birth and social security number. These are necessary for the completion of the criminal background check, which is conducted by law enforcement personnel. We take great care with your personal information and strictly limit access to these details.

Questions 5 through 7 are for your contact information, e-mail addresses and any social networking sites (Facebook, Twitter, etc.) you may use.

Questions 8, 9, and 10 are used for the criminal background check.

Question 11 is used to tell us about your current employment status and serves as a reference.

Question 12 tells us about your driving history. A motor vehicle records check will be completed as part of your background check. If you have driving related arrests or convictions (other than moving violations), please explain them on page three in the "additional information" area.

Question 13 tells us about your availability. Volunteers are not expected to be available all the time, but we do like to have an idea of when you can help out.

Questions 14 & 15 are about your prior experience in fire, rescue, EMS, law enforcement and the military. If you have served with another volunteer fire department, your application must include either a letter of recommendation from the Fire Chief or President of your last department, or a copy of your letter of resignation from that department. Letters of recommendation must include dates of service, offices held and date of your resignation.

Question 16 is part of our background check. Having been arrested or convicted of a crime is not an absolute bar to membership, but we do ask you to explain any arrests or convictions on the "additional information" page.

Question 17 asks you to list three references. Your references should not be family or current members of the Bristol Volunteer Fire Department. We may call your references to discuss your application.

Bristol Volunteer Fire Department, Inc.
Application for Membership

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4350 Route 64, Canandaigua, NY 14424

APPLICATION FOR MEMBERSHIP

Questions 18 and 19 ask you to list a sponsor and family or friends who are members. For example, whom did you receive your application from?

Question 20 is related to your physical fitness. Some fire department training courses require a physical examination before participating in them. A physical exam will be provided for you at no cost.

Question 21 asks you to mark the type of membership you seek. **Active** members are 18 years of age or older, and participate fully in all emergencies, drills, meetings, etc. **Service** members participate in fund raising events, serve refreshments at emergency scenes etc. but do not actively participate in emergency activities.

Junior membership is for persons 14-15 years of age wishing to learn about the fire service. **Active**

Restricted members are 16-17 years old and have limited participation in emergency operations.

Question 22 asks for emergency contact information. This is very important for us to have on file in case we need it.

I'm done! What's next? Please place your completed application (pages 5 through 13) in an envelope and drop it in the mail. Please do not bring it to the firehouse or give it to a member; the mail is the best way for us to be sure we have your application. You will be contacted by our investigating committee and scheduled for an interview.

Once you submit your application the membership process follows these steps:

1. The Corresponding Secretary makes a record of your application.
2. The Membership Committee reviews the application within thirty (30) days.
3. Arson/sex offender and criminal background checks are performed, and an interview will be scheduled.
4. After the interview the Membership Committee decides whether to grant or deny Probationary Membership. (All applicants for Active Membership are required to complete a Probationary Period for a period of no less than six (6) months after approval by the Town.)
5. If Probationary membership is granted, the Corresponding Secretary will submit your name and qualifications to the Clerk of the Town of Bristol for approval by the Town Board.
6. Once approved as a Probationary Member by the Town, you will be notified and may begin attending weekly training sessions and monthly meetings, and will be issued turn out gear and pager. Note that turn out gear must be kept at the firehouse until you are cleared for active duty.

During your probationary period you will be expected to attend scheduled drills and other training sessions. Your attendance and participation level will be monitored by the Chief and Line Officers. The Chief may extend the Probationary Period if needed, up to a maximum of twelve months.

Toward the end of your probationary period the Membership Committee, Chief and Line Officers will meet to assess whether or not you have fulfilled the requirements of Probationary Membership. The Membership Committee will then make a recommendation of whether or not to grant Active Membership at the next monthly meeting. A positive vote of a majority of the Active Members present at the monthly meeting is necessary to elect a person to Active Membership.

Bristol Volunteer Fire Department, Inc.
Application for Membership

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APPLICATION FOR MEMBERSHIP

1. _____
(Last Name) (First Name) (M.I.)
2. _____
(Address) (Apt.)
3. _____
(City, Town, Village) (State) (Zip)
4. What is your date of birth? _____ Social Security Number (optional): _____
5. Phone number(s): _____
6. E-mail address(es): _____
7. Please list the profile name(s) of your social networking page(s): _____
8. How long have you resided at the above address? Years: _____
9. How long have you resided in New York State? Years: _____
10. Is additional information about a change in your name or your use of an assumed name or nickname necessary to enable a check on your eligibility for membership? Yes____ No____
If "Yes", please explain below:

11. Are you currently employed? Yes____ No____
If "Yes" give employer information below. May we contact your employer as a reference? Yes____ No____
Name of Company _____
Address _____ Tel. # _____
Supervisor's Name: _____
12. Do you have a valid New York State Drivers License? Yes____ No____ (Provide two copies of License)
If "Yes" please indicate the following: License number: _____
License Class: _____ Expiration Date: _____

Bristol Volunteer Fire Department, Inc.
Application for Membership

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4350 Route 64, Canandaigua, NY 14424

APPLICATION FOR MEMBERSHIP

13. Please indicate your availability to participate in normally required fire department activities (Meetings, drills, and emergency calls).

Please check the appropriate time periods:

Week Days: Days_____ Evenings_____ Nights_____
Weekends: Days_____ Evenings_____ Nights_____

14. Do you have any previous emergency services experience: (include only fire, rescue, police, and emergency medical service agencies)?

NOTE: Attach letter of recommendation/resignation to this application.

Name of Agency_____

Address_____

Contact Person_____ Telephone_____

What were your dates of service: _____

What was your reason for leaving? _____

(If more space is needed, please use attached sheet)

15. Have you ever been a member of the United States Armed Forces? Yes___ No___

If the answer is "Yes", in which branch did you serve? _____

What kind of discharge did you receive? _____

Dishonorable discharge is not an absolute bar to membership. This and other factors will effect a final membership decision. If the above answer is "Yes", give complete details in the space provided for additional information on the last page (include service branch and service dates).

16. Have you ever been convicted of a crime (not including traffic infractions)? Yes___ No___

If "Yes" give details on the attached sheet.

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

A. Name:_____ Tel. #_____

Address: _____

B. Name:_____ Tel. #_____

Address: _____

C. Name:_____ Tel. #_____

Address: _____

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Application for Membership

Bristol Volunteer Fire Department Inc.

4350 Route 64, Canandaigua, NY 14424

APPLICATION FOR MEMBERSHIP

18. Bristol Volunteer Fire Department Sponsor (Optional) (A sponsor must be a member of the Bristol Volunteer Fire Department who is in good standing with the Department)

Sponsor's Name

Sponsor's Signature & Date

19. Please list the names of any acquaintances or family members that are members of this organization:

20. OSHA regulations require that you pass a physical examination before becoming an interior structural firefighter. The department's designated physician will provide you with a free medical examination.

Will you be willing to undergo a medical examination? Yes_____ No_____

21. Application is for what class of membership:

☐ Active Membership

☐ Active Restricted Membership

☐ Service Membership

☐ Junior Membership

21. Emergency contact information:

Name: _____

Address: _____

Relationship: _____

Home number: _____ Work number: _____ Cell number: _____

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Application for Membership

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APPLICATION FOR MEMBERSHIP

ADDITIONAL INFORMATION FOR MEMBERS AGES 14 THROUGH 17

Any person ages 14 through 17 years of age may apply for membership but must comply with the following rules:

1. Junior Members who are fourteen to fifteen years of age may attend all Fire Department meetings, drills, and other functions but may not participate in emergency activities.
2. Firefighters 16 or 17 years of age are classified as Active Restricted members and may serve the Department at the discretion of the Fire Chief but cannot enter any unsafe structure or hot zone unless authorized by the Fire Chief or officer in charge at a scene.
3. All Junior/Active Restricted Firefighters must follow all by-laws and policies. They must have a parent or legal guardians' signature on this application.
4. Junior/Active Restricted Firefighters must sign a Letter of Understanding acknowledging their understanding of the policies.

Name _____ Address _____

Telephone # _____ Date of Birth _____

Applicant's signature _____

Date _____

PARENT INFORMATION AND CONSENT

There may be a time when your son/daughter is on a scene after 9:00 pm, do you have any objections to this?

Yes _____ No _____

If there is a time when your son/daughter is on a scene after 9:00 pm and you do not want them to be, you may be required to pick them up at the scene.

I hereby signify that this application is made with my knowledge and consent.

Signature of parent or legal guardian _____

Date _____

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MEDICAL QUESTIONNAIRE

NOTE: This form is designed to provide the Fire Department a general understanding of physical status as of the date indicated. It is recommended that this form be completed annually by all drivers of emergency vehicles as well as other Active Responder members. If any questions are answered "YES", be sure to explain the answer in the area after the questions.

Active participation as a volunteer firefighter includes, but is not limited to the following physical activities: heavy lifting and bending, ladder climbing, use of self-contained breathing apparatus, handling charged hose lines, and subjected to extreme changes of temperature and other environmental changes.

Name: _____

Address: _____

Date of Birth: _____ Occupation: _____

Health Insurance Company: _____

Medical History

Have you ever had or presently have, any the conditions listed below?

Deformities of an extremity	YES NO	Alcoholism	YES NO
Arthritis or knee problems	YES NO	Kidney Disease/absence of kidney	YES NO
Diabetes	YES NO	Hernia	YES NO
Heart Condition	YES NO	Stomach or intestinal disease	YES NO
Heartbeat irregularity	YES NO	Cancer	YES NO
Lung disease, emphysema, asthma	YES NO	Anemia	YES NO
Hypertension	YES NO	Allergies	YES NO
Epilepsy	YES NO	Hospitalization in the past 5 years	YES NO
Nervous or Psychiatric disorder	YES NO	HIV	YES NO

If you answered "YES" to any questions, please briefly describe below:

OSHA Safety and health standards require that volunteer firefighters are physically capable of performing duties, which may be assigned to them during emergencies. Applicants and previously approved firefighters cannot be approved or continue as active firefighters if they have known heart disease, epilepsy, hepatitis, emphysema, infectious diseases, etc. unless a physician's certificate of fitness is provided. This statement must state the applicant's names and that his/her medical condition will not interfere with First Responder activities and that firefighting or EMS pose no undue risk to the applicant or patient.

I do affirm that the answers to all the above questions are complete, accurate and true to the best of my knowledge. I also agree to a physical exam that is conducted at department expense

Signed _____ Date _____

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APPLICATION FOR MEMBERSHIP

ADDITIONAL INFORMATION

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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APPLICATION FOR MEMBERSHIP

PRIVACY NOTIFICATION

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

IN WITNESS WHEREOF, THIS APPLICATION HAS BEEN SUBSCRIBED THIS _____ DAY OF _____, 20____ BY THE UNDERSIGNED APPLICANT WHO AFFIRMS THAT THE STATEMENTS MADE HEREIN ARE TRUE UNDER THE PENALTIES OF PERJURY.

APPLICANT SIGNATURE: _____ DATE _____

WITNESSED BY _____ DATE _____

PRIVACY NOTIFICATION

Section 94 of the Public Officers Law (Personal Privacy Protection Law) requires that you be notified of the following facts when information that 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 the Membership Committee;
- be maintained in your personal file (if you become a Department 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 Corresponding Secretary of the Bristol Volunteer Fire Department, Inc. 4350 Route 64, Canandaigua NY 14424

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Application for Membership

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APPLICATION FOR MEMBERSHIP

APPLICANT'S AUTHORIZATION FOR RELEASE OF INFORMATION

In order to confirm the information I supplied on my application for membership with the Bristol Volunteer Fire Department, Inc., I authorize all licensing agencies, educational institutions, law enforcement agencies, present and former employees, and the military services to disclose their relevant records about me to the Bristol Volunteer Fire Department whether the information be of public, private, or confidential nature; and I release them from any liability and responsibility from doing so.

This authorization, in original copy form, shall be valid for this and any future information, reports or updates that may be requested.

I understand that this form will accompany requests for official documents and confirmations of my credentials.

Applicant Signature

Applicant Name (*please print*)

Date

Witnessed by:

Signature

Witness Name (*please print*)

Date

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Application for Membership

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APPLICATION FOR MEMBERSHIP

Authorization for Release of Family Court Records

I _____, hereby authorize a member of the Ontario County Sheriff's Office to access all pleadings, orders, decrees, and other documents pertaining to myself that are contained in the records of the Family Court for the purpose of conducting an investigation pursuant to my application for membership to the Bristol Volunteer Fire Department.

I understand the records and information disclosed pursuant to this authorization will be retained as confidential and may not be redisclosed except as necessary for the investigation pertaining to my membership to the aforesaid fire department.

Your signature affixed hereto must be witnessed.

Signed _____

Dated: _____

Witness: _____

Title of witness _____

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Application for Membership