



**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 #: Home _____ Work: _____ Mobile: _____

Email Address: _____

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

Emergency contact Information: (Name & 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, Supervisors 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 & 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 quality 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: _____

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

Date Application Received: _____

Date Approved _____

