



# Little Valley Volunteer Fire Department



101 Third Street  
Little Valley, NY 14755  
(716)-938-6646

## Application for Membership

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt #: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City/Town/Village: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone #: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_

Phone Carrier: \_\_\_\_\_ Social Security No. (For background check purpose only) \_\_\_\_\_

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

Date of Birth: \_\_/\_\_/\_\_\_\_ How long have you resided in New York State? Years: \_\_\_\_ Months: \_\_\_\_

Are you 18 years of age or order?  Yes  No If no, State your age: \_\_\_\_\_

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:

\_\_\_\_\_

Are you currently employed?  Yes  No If Yes, may we contact your employer?  Yes  No

If employed, please give information:

Company/Organization: \_\_\_\_\_

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

Phone Number: (\_\_\_\_)-\_\_\_\_-\_\_\_\_\_

Supervisor(s): \_\_\_\_\_

Do you have a valid New York State Driver's License?  Yes  No

Please indicate your availability to participate in normally required department activities, such as meetings, training, and emergency calls. Check all time periods you are typically available.

Week Days:  Days (8 a.m. to 4 p.m.)  Evenings (4 p.m. to 10 p.m.)  Nights (10 p.m. to 8 a.m.)

Weekends:  Days (8 a.m. to 4 p.m.)  Evenings (4 p.m. to 10 p.m.)  Nights (10 p.m. to 8 a.m.)



# Little Valley Volunteer Fire Department



101 Third Street  
Little Valley, NY 14755  
(716)-938-6646

**Previous Emergency Services (Fire, Rescue, HazMat, EMS, and Police) experience:**

Agency: \_\_\_\_\_  
City, State: \_\_\_\_\_  
Chief: \_\_\_\_\_  
Chief's Phone: (\_\_\_\_)-\_\_\_\_-\_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_

Agency: \_\_\_\_\_  
City, State: \_\_\_\_\_  
Chief: \_\_\_\_\_  
Chief's Phone: (\_\_\_\_)-\_\_\_\_-\_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_

**\*Previous membership organizations will be contacted as a reference. Actions or inactions during previous emergency services membership will be considered, along with other factors, and will effect a final membership decision. Omissions in previous service experience and reasons for leaving will negatively effect and applicant's evaluation. Additional Information may be added on the last page of this application.\***

**Have you ever been a member of the United States Armed Forces?**     Yes     No  
If YES, Branch: \_\_\_\_\_    Dates: \_\_\_\_\_

If YES, did you received an honorable Discharge?     Yes     No

**\*Dishonorable discharge is not an absolute bar from membership. This and other factors will effect a final membership decision. Additional information may be added on the last page of this application.**

**Have you ever been convicted of or pled guilty to a felony, misdemeanor, insurance fraud, arson, abuse, or sex-related crime, or a reduction of one of these offenses?**     Yes     No

If yes, give details on the last page of this application.

**List three, non-relative personal references, other than members of this organization, who have known you for at least three years:**

#1	Name _____	Phone: _____
	Address _____	City, State: _____
#2	Name _____	Phone: _____
	Address _____	City, State: _____
#3	Name _____	Phone: _____
	Address _____	City, State: _____

**Please let the name of any relatives or acquaintances that are members of this organization:**

---



# Little Valley Volunteer Fire Department



101 Third Street  
Little Valley, NY 14755  
(716)-938-6646

Occupational Safety and Health Administration (OSHA) regulations require that you pass a physical examination before coming an active member of this organization, and highly specialized physical examinations are required before becoming an interior firefighter. Once accepted as a member, Little Valley Fire Department will provide you with a free medical examination.

Are you willing to undergo a Medical Examination?  Yes  No

What fire department duties are you interested in participating in? (Check all that apply)

Duty	Have you taken training for this activity?		Are you willing to take training for this activity?	
<input type="checkbox"/> Interior Firefighter	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Exterior Firefighter	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Emergency Medical Technician	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Large Apparatus Driver	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Small Apparatus/Ambulance Driver	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Hazardous Material Response	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Fire Police/Roadway Flagman	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Specialized Rescue	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Do you have Experience with the following?

Fundraiser Staffing:

- Cook/ Grill/ Fryers:  Yes  No
- Waiter/Waitress  Yes  No
- Cash Register  Yes  No
- Prep and Clean up  Yes  No
- Other: \_\_\_\_\_

Other ways I would like to help the organization:

---



---



---



**Little Valley Volunteer Fire Department**



101 Third Street  
Little Valley, NY 14755  
(716)-938-6646

## **Confidentiality and Affirmation of Truth**

**Within the freedom of Information Law (Foil). All information contained and, or, obtained herein will remain confidential and will be used only for internal membership processing. Applications may also be reviewed by the Fire District Board of Fire Commissioners.**

**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 penalties of perjury.**

**Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_**

**Witness' Name (Printed) \_\_\_\_\_ Title \_\_\_\_\_**

**Witness' Signature \_\_\_\_\_ 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 which will be maintained in a record system is collected from you.

The authority to request and confirm personal information on you is found in Article 6 of the Executive Law.

**The information obtained will:**

**Be used to determine your qualifications for the position in which you are applying;**

**Be maintained in your personnel file (if you become a fire department member) or in our resume file for six months (if you are not a fire 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 Fire Chief and President of the Little Valley Fire Department.**



**Little Valley Volunteer Fire Department**



101 Third Street  
Little Valley, NY 14755  
(716)-938-6646

## **Applicant's authorization for Release of Information**

In order to confirm the information I supplied on my application for membership with the Little Valley Volunteer Fire Department, I authorize all licensing agencies, educational institutions, law enforcement agencies, present and former organizations, and the military services to disclose their relevant records about me to the Little Valley 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's Name (Printed)** \_\_\_\_\_

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Witness' Name (Printed)** \_\_\_\_\_ **Title** \_\_\_\_\_

**Witness' Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



# Little Valley Volunteer Fire Department



101 Third Street  
Little Valley, NY 14755  
(716)-938-6646

**Additional Details about items previously mentioned in the application: (Attach additional pages if necessary. Feel free to list applicable training you have or attach copies of certificates. Thank you)**

---

---

---

---

---

---

---

---

---

---

---