

## INFORMATION NEEDED FROM APPLICANTS FOR OVFC MEMBERSHIP

- Completed and signed Onesquethaw Volunteer Fire Company membership application form
- If applicant is a minor (under 18) they MUST also complete and submit the Parent or Guardian Permission Form. It must be signed by the minor's parent or guardian.
- The following information is required to complete the Voluntary Firefighter Inquiry Form DCJS-VFF (this is a legal requirement) which must be completed and submitted by OVFC (see attached). Some information may have already been supplied on the OVFC application form and will be on the copy of the applicant's driver's license.
  - a. Full legal name, including any aliases or maiden name/s
  - b. Address
  - c. Date of Birth
  - d. Place of Birth (city and state)
  - e. Social security number
  - f. Sex
  - g. Height
  - h. Racial appearance
  - i. Ethnicity
  - j. 2 copies of driver's license
  - k. Another form of ID, such as a birth certificate, passport or social security card
- Email address

Please contact Yasmin Salway, at (786) 325-0825 or [membership-secretary@onesquethaw.com](mailto:membership-secretary@onesquethaw.com) with any questions.

Onesquethaw Volunteer Fire Company, Inc.  
Clarksville - Feura Bush - Unionville  
Application for Membership

Name in Full: \_\_\_\_\_ Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

How long have you resided at the above address? Years: \_\_ Months: \_\_ In NY State? Years: \_\_ Months: \_\_

Are you 18 years of age or older? **YES or NO** If "**NO**", state your age: \_\_\_\_\_

Are you currently employed? **YES or NO** If "**YES**" give employer information below.

Employer Name: \_\_\_\_\_ Employer Address: \_\_\_\_\_

May we contact your employer as a reference? **YES or NO** Employer Phone: \_\_\_\_\_

Do you have a valid New York State Driver's License? **YES or NO**

Are you available to respond to a fire alarm during the day? **YES or NO** During the evening? **YES or NO**

Are you available to attend Drills on Monday evenings from 7PM – 9 PM? **YES or NO**

Are you able to attend a meeting on the 1st Thursday of each month at 7:30PM? **YES or NO**

Do you have any previous emergency service experience? (Include only fire, rescue, police and emergency medical service agencies): \_\_\_\_\_

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Have you ever been a member of the United States Armed Forces? **YES or NO** If yes, Branch: \_\_\_\_\_

Have you ever been convicted or pled guilty to a felony or misdemeanor? **YES or NO**

Have you ever been convicted or pled guilty to arson or insurance fraud? **YES or NO**

Have you ever been convicted or pled guilty to a reduction of one of those offenses? **YES or NO**

Please list three personal references, other than members of this organization or family members, who have known you for at least 3 years.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

List any acquaintances that are members of this organization: \_\_\_\_\_

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OSHA regulations require that you pass a physical examination before becoming an interior structural firefighter. This company's designated physician will provide you with a free medical examination. Will you be willing to undergo a medical examination? **YES or NO**

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

UNDER THE PENALTIES OF PERJURY, I AFFIRM THAT THE STATEMENTS MADE HEREIN ARE TRUE.

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 which 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 your potential supervisors; and
- Be maintained in your personnel file (if you become a fire company member) or in our resume file for six months (if you are not a fire company 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 Company President of the:

Onesquethaw Volunteer Fire Company, Inc.  
PO Box E  
Clarksville, NY 12041

Type of membership being applied for: (Active) (Associate) Membership in Onesquethaw Vol. Fire Co.

**APPLICANT, DO NOT WRITE BELOW - FOR ADMINISTRATIVE USE ONLY**

Approved By the District Membership Committee of the Onesquethaw Volunteer Fire Company, Inc.

\_\_\_\_\_ Date: \_\_\_\_\_ \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_ \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_ \_\_\_\_\_ Date: \_\_\_\_\_

Date Application Received by OVFC: \_\_\_\_\_ Date Application Sent to TONS: \_\_\_\_\_

Received Back from TONS Board: \_\_\_\_\_ Date Sworn In As a Member: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ Driver's License #: \_\_\_\_\_ Type: \_\_\_\_\_ State: \_\_\_\_\_

Badge #: \_\_\_\_\_ *This section is to be completed after new member is sworn in.*

The undersigned, being a member of the Fire Company, does hereby make application for a badge, I fully understand the duties and responsibilities affecting such membership and will, to the best of my ability, gainful occupation permitting, faithfully perform the duties of an active volunteer firefighter as imposed upon me by the Constitution and By-Laws of the Fire Company and will obey any and all lawful orders without question, issued me by any of the company or district officers.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_