



Harris Hill Volunteer Fire Company, Inc.

Serving Clarence, New York Since 1937

Mailing Address · 8630 Main Street, Williamsville, NY 14221 · Website WWW.HHVFC.COM

· Phone (716)632-1199 · Fax (716)632-1882

Application type – check one: Firefighter membership Junior Firefighter Program Fire / Police

A 100% Volunteer Organization

Membership Application

Applicant Information

Last Name:	First Name:	Middle Initial:	Date:
Street Address:	City:	State:	Zip:
How long have you resided at this address?	Phone Number:	Email Address:	
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? If yes, please explain:			<input type="checkbox"/> Yes <input type="checkbox"/> No

Date of Birth:	Do you have a valid New York State Driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Are you currently authorized to work for all employers in the U.S? <input type="checkbox"/> Yes <input type="checkbox"/> No

Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No May we contact your current employer as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	Company Name:
	Contact Person:
	Phone Number:

Were you ever a member of the Harris Hill Vol Fire Company? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when?
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Please list any acquaintances that are members of the Harris Hill Vol Fire Company:

Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain (use additional sheets if needed):
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Have you ever been convicted or pled guilty to a misdemeanor, insurance fraud, arson, or a reduction of one of these offenses? If yes, please explain (use additional sheet if needed):	<input type="checkbox"/> Yes <input type="checkbox"/> No
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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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Place of Birth

Education

Name of High School:	Address:
Attended From / To:	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you currently a student <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Name of College:	Address:
Attended From / To:	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you currently a student <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Other:	Address:
Attended From / To:	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you currently a student <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time

References

List 3 references you have known for more than 3 years (note: references cannot be family members)

Full Name:	Relationship:
Address:	Phone:

Full Name:	Relationship:
Address:	Phone:

Full Name:	Relationship:
Address:	Phone:

Previous Emergency Services Experience

Name of Agency:	Phone:
Address:	Contact Person / Chief at time of membership:
Member From / To:	Reason for leaving:
May we contact your previous agency for reference?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Fire / EMS Training - Check any certifications you have:

- NYS Firefighter 1 or Equivalent NYS EMT or higher – Expiration date: _____
 Fire / EMS Training outside of NY (list state and training certification):

Military Service

Branch:	From:	To:
Rank at Discharge:	Type of Discharge:	
If other than honorable, please explain (use additional sheet if needed):		

Dishonorable discharge is not an absolute bar to membership. This and other factors will affect a final membership decision.

Applicant's Authorization for Release of Information

To confirm the information I supplied on this application for membership with the Harris Hill Vol Fire Company, I authorize all licensing agencies, educational institutions, law enforcement agencies, present and former employers, and the military service to disclose their relevant records pertaining to me to the Harris Hill Vol Fire Company, whether the information be of public, private, or confidential nature. Thus, I release the aforementioned agencies, companies, services, and institutions from any liability and responsibility from disclosing any relevant records.

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 Name (please print)	Applicant Signature	Date
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If applicant is under 18 years of age, a parent or guardian must sign as a witness:

Witness Name (please print)	Witness Signature	Relationship (print)	Date
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Within the Freedom of Information law, all information contained or obtained herein will remain confidential and will be used only for internal membership processing.

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:

- (1) The authority to request and confirm personal information about you is found in Article 6 of the Executive Law.
- (2) The information obtained will:
 - a. Be used to determine your qualifications for the position for which you are applying.
 - b. Be released to the Fire Chief, President, Board of Directors of the Harris Hill Volunteer Fire Company, and your potential supervisor.
 - c. Be maintained in your personnel file permanently if you become a fire company member or for an appropriate period of time (as determined by the Fire Company Examining Board and /or the Harris Hill Vol Fire Company) if you do not become a fire company member.
- (3) Failure to provide the information or authorization will result in dismissal of your application for membership.

The applicant hereby certifies that the information and answers provided are truthful, accurate and complete. The applicant acknowledges that if the supporting information and answers provided by the applicant are not truthful, accurate, and complete, then the applicant will be removed from further consideration.

Applicant Signature: _____ Date: _____

Witnessed By (Signature): _____ Date: _____

For Fire Company Use Only

Date Received:	Received By:
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COMPANY MEETING ANNOUNCEMENT

Date of meeting:

EXAMINING BOARD INTERVIEW AND RECOMMENDATION

Date of meeting: ____ / ____ / 20____

The Examining Board recommended the applicant be:	<input type="checkbox"/> Approved	<input type="checkbox"/> Rejected	
Membership type:	<input type="checkbox"/> Firefighter	<input type="checkbox"/> Junior Firefighter	<input type="checkbox"/> Fire/Police
If applicant is under 18, parent or guardian program acknowledgment <input type="checkbox"/>			
The recommendation concurred by a majority of the following Examining Board members:			

APPLICANT CONSIDERATION BY THE Harris Hill Volunteer Fire Company

Applicant appeared at the Harris Hill Vol Fire Company Board of Directors Meeting on: ____ / ____ / 20____

Directors voted to: Approve Reject

Pending successful completion of physical examination.

PHYSICAL EXAMINATION

Date of physical exam: ____ / ____ / 20____

ORIENTATION

Date of orientation: ____ / ____ / 20____

PROBATIONARY VOTE OF MEMBERSHIP

Application voted on by secret ballot at the regular meeting of the Harris Hill Vol Fire Company on ____ / ____ / 20____

Record of ballot: _____ for acceptance _____ for rejection

Witnessed by:

Fire Company Administrative Officer

Fire Company Chief Officer

MEMBERSHIP TERMINATION

Membership termination date: ____ / ____ / 20____ Reason for termination: _____