



Campville Fire Department Membership Application

CFD ID#

Instructions: Applicants must complete parts I and 2 as well as the NYS Arson Investigation Request form. When submitting this application, a copy of the applicant's driver's license or state issued ID must be included. If the applicant holds any certificates issued by OFPC, BEMS or FEMA, a copy of the certificate must also be included.

PART I

1. Available positions with Campville Fire Department check all that may apply:

EMS ESS Firematics Fire Police

2. Name _____ DOB _____
First Middle Last MM / DD / YYYY

3. Home Address _____
Street City State ZIP

4. Next of Kin information: Name: _____ Phone: _____

5. Email Address _____ Cell Phone: _____

6. Land Line Phone _____ Cell Phone Carrier _____

7. Are you legally authorized to work in the U.S.?

8. Do you have any physical or health limitations that could interfere with your performance in the job for which you are volunteering?

(Note: Assignment is contingent on applicant meeting minimum physical/mental demands of the position) If you answered yes, please explain:

9. Do you have any Firematics or Emergency Services experiences? If you answered yes, please explain: _____

10. Do you have a Driver License, and do you have interest in driving Fire apparatus?

If yes, you must provide information on your driver's license and a partial Social Security number. The Campville Fire Department is part of the Town of Owego Fire District which requires any member driving apparatus be enrolled in the NYS DMV License Event Notification System (LENS) program.

Driver's License Number: _____ State issued by: _____

Last four digits of SSN: _____



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PART 2

11. Why do you want to join the Campville Fire Department?

12. Where do you work? _____

13. When are you available to answer emergency call and train with us _____

The Campville Fire Department By-laws will be issued to you and access to the members' portion of our website will be granted to you if approved for membership.

By signing this application, you agree that:

- a. I realize the seriousness or the responsibilities with being a member of tile Campville Fire Department (CFD).
- b. I will always be required to follow CFD By-laws of tile Operating Guidelines when representing the department.
- c. I will be responsible for any and all equipment issued to me as a member of the department. I will return all such equipment to CFD, or I will reimburse CFD for such, upon my resignation or termination.
- d. I will be placed on Probationary status as per the By-laws and any PPE issued to me will remain at the station. I will respond to the station for alarms until I am removed from Probation.
- e. I am willing to give freely my time to respond to Fires or Emergency calls, to attend drills, to attend meetings and to work on committees.
- f. If I checked yes to question 10, I consent to having my driver's license entered into the NYS DMV License Event Notification System.

Print Name _____ Signature: _____ Date: _____

FOR DEPARTMENT USE ONLY

APPLICATION HAS BEEN ACCEPTED BY THE CFD

Chief Signature: _____ Date: _____

BOD Representative: _____ Date: _____

FOR FIRE DISTRICT USE ONLY

APPLICATION HAS BEEN PRESENTED TO THE TOWN OF OWEGO FIRE DISTRICT BOARD OF FIRE COMMISSIONERS AND HAS BEEN

TOFD Representative Signature: _____ Date of motion: _____



NEW YORK STATE DIVISION OF CRIMINAL JUSTICE SERVICES
Office of Criminal Justice Operations
Volunteer Firefighter Inquiry Form

INSTRUCTIONS: This form is to be used only by a Sheriff's Office (or OFPC, where applicable) when performing searches authorized under NY Executive Law §837-o in connection with individuals seeking membership in a Volunteer Fire Department.

A. DATE:

This form must be U.S. mailed, faxed or hand delivered between agencies. E-mail transmission is not permissible.

Shaded boxes are required data elements.

B. REQUESTING VOLUNTEER FIRE DEPARTMENT

DEPARTMENT NAME:

FIRE CHIEF NAME:

SIGNATURE:

ADDRESS:

TELEPHONE NUMBER:

FAX NUMBER:

1. NAME (LAST, FIRST, MIDDLE)

2. ADDRESS (Street, City, Zip Code)

3. ALIAS AND/OR MAIDEN NAME

4. SEX

M F

5. RACIAL APPEARANCE

White Black Indian Asian Unknown Other

6. ETHNICITY

Hispanic Not Hispanic Unknown

7. HEIGHT
 Ft. In.

8. DATE OF BIRTH
 Month Day Year

9. PLACE OF BIRTH

10. SOCIAL SECURITY NO.

INVESTIGATING OFFICER: _____ DATE _____
 (PRINT NAME/TITLE)

INVESTIGATING OFFICER SIGNATURE _____

RESULTS OF INQUIRY

- NO RECORD OF AN ARSON CONVICTION OR A CONVICTION REQUIRING REGISTRATION AS A SEX OFFENDER
- CONVICTED OF ARSON; NO RECORD OF A CONVICTION REQUIRING REGISTRATION AS A SEX OFFENDER
- CONVICTED OF A CRIME REQUIRING REGISTRATION AS A SEX OFFENDER; NO RECORD OF AN ARSON CONVICTION
- CONVICTED OF ARSON AND CONVICTED OF A CRIME REQUIRING REGISTRATION AS A SEX OFFENDER