



# Potsdam Volunteer Fire Department, Inc. "Making House Calls Since 1857"

P.O. Box 756 # 42 Main Street # Potsdam, New York 13676

**Emergency # Dial 9•1•1 or 315-265-3311**

Non -Emergency # 315-265-3312 or 315-265-4397 # FAX # 315-265-7738

## APPLICATION FOR MEMBERSHIP

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

Regular Membership

Mutual Aid Membership

Last Name

First Name

Middle

Address

Apt./Suite No.

City/Town/Village

State

Zip Code

Home Phone

Work Phone

Cell Phone

Email Address

Best Time To Contact

How long have you resided at the above address?

Years: \_\_\_\_\_ Months: \_\_\_\_\_

How long have you resided in New York State?

Years: \_\_\_\_\_ Months: \_\_\_\_\_

Are you 18 years of age or older?      YES      NO

If NO, state your age: \_\_\_\_\_

Is additional information about a change in your name or use of an assumed name or nickname necessary to enable a check on your eligibility for membership?

YES      NO

If "YES", explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you currently employed?      YES      NO      If "YES" provide employer information below.

May we contact your employer as a reference ?      YES      NO

Name of Employer: \_\_\_\_\_

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

website: [www.potsdamfire.org](http://www.potsdamfire.org)

email: [info@potsdamfire.org](mailto:info@potsdamfire.org)

Do you have a valid New York State Driver’s License?                      YES                      NO

Please indicate your availability to participate in normally required fire department activities.  
(Monthly meetings, training drills, fundraising activities, and emergency calls)

Please check the appropriate time periods you are available.

Week Days:            Days: \_\_\_\_\_ Evenings: \_\_\_\_\_ Nights: \_\_\_\_\_

Weekends:            Days: \_\_\_\_\_ Evenings: \_\_\_\_\_ Nights: \_\_\_\_\_

Previous emergency services experience: (include only fire, rescue, police and emergency medical)

Name of Agency: \_\_\_\_\_

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

Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_

*If more space is needed, please attach additional sheet(s)                      Provide copies of certifications*

Have you ever been a member of the United States Armed Forces ?                      YES                      NO

If you answered “YES”, did you receive a dishonorable discharge?                      YES                      NO

*Dishonorable discharge is not an absolute bar to membership. This and others factors will effect a final membership decision.*

If you answered “YES”, give complete details in the space provided for additional information on the last page. Please include the branch of service and the dates served.

Have you ever been convicted of or pled guilty to a felony, misdemeanor, insurance fraud, arson, or a reduction of one of these offenses ?            YES            NO If “YES” provide details on the attached sheet.

<b>3 Personal References</b>	
<b>Other than members of this organization, who have known you for at least three years</b>	
Name:	Telephone:
Address:	Cell:
Name	Telephone:
Address:	Cell:
Name:	Telephone:
Address:	Cell:



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

IN WITNESS WHEREOF, THIS APPLICATION HAS BEEN SUBSCRIBED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_ BY THE UNDERSIGNED APPLICANT WHO AFFIRMS THAT THE STATEMENTS MADE HEREIN ARE TRUE UNDER THE PENALTIES OF PERJURY.

APPLICANT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**WITNESSED BY**

WITNESS NAME (PRINTED): \_\_\_\_\_

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 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 personal 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 secretary of the Potsdam Volunteer Fire Department, Inc., P.O. Box 756, 42 Main Street, Potsdam New York 13676. Any questions can be directed to the fire chief at 315-265-4397 or by email at [info@potsdamfire.org](mailto:info@potsdamfire.org).



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## APPLICANT'S AUTHORIZATION FOR RELEASE OF INFORMATION

In order to confirm the information I supplied on my application for membership with the Potsdam Volunteer Fire Department, I authorize all licensing agencies, educational institutions, law enforcement agencies, present and former employers, and the military services to disclose their relevant records about me to the Potsdam Volunteer Fire Department whether the information be of public, private, or confidential nature; and I release them from the liability and responsibility from doing so.

This authorization, in original copy form, shall be valid for this and 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)

\_\_\_\_\_  
(Applicants Signature)

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

### WITNESSED BY:

\_\_\_\_\_  
(Witness Name - Please Print)

\_\_\_\_\_  
(Witness Signature)

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



**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: **Mark F. Bradish**

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



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### MEMBERSHIP APPLICATION RECORD

( FIRE DEPARTMENT USE ONLY )

<b>Applicant Name</b>		Company Assigned	
Date Received		Date Read	

Investigation Committee Meeting				
Date	Yes	No	Accepted	Rejected

Investigation Committee Members Present	

Department Vote				
Date	Yes	No	Accepted	Rejected

Important Dates			
Notified of department vote by Secretary			
Examined by Dr.		Favorable	Unfavorable
Referred to Village Board		Favorable	Unfavorable
Notified of Village Board's Action			
Signed Department By Laws			

Comments