



**JONESVILLE FIRE DISTRICT
953 MAIN STREET
CLIFTON PARK, NEW YORK 12065**

APPLICATION FOR MEMBERSHIP

Submit your completed application to:

Jonesville Volunteer Fire Company, Inc.
953 Main Street
Clifton Park, New York 12065
Attn: Membership Committee

Or, drop off your application during business hours
(Monday through Friday, 8AM to 4PM):

Jonesville Station 1
953 Main Street
Clifton Park, New York 12065

If you have questions about the application process, please contact membership@jonesvillefire.org

APPLICANT INFORMATION			
FULL NAME:		DATE OF BIRTH:	
CURRENT ADDRESS:			
PHONE:		EMAIL:	
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? <input type="checkbox"/> YES <input type="checkbox"/> NO			
<i>If YES, provide details in the ADDITIONAL INFORMATION section of this application.</i>			
Have you ever been convicted of or pled guilty to a felony, misdemeanor, insurance fraud, arson, or a reduction of one of these offences? <input type="checkbox"/> YES <input type="checkbox"/> NO			
<i>If YES, provide details in the ADDITIONAL INFORMATION section of this application.</i>			
Have you ever been a member of the United States Armed Forces? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If YES, did you receive a dishonorable discharge? <input type="checkbox"/> YES <input type="checkbox"/> NO			
<i>A dishonorable discharge is not an absolute bar to membership. If either of the above answers is YES, provide details in the ADDITIONAL INFORMATION section of this application and include branch and dates of service.</i>			
AVAILABILITY			
<i>Please indicate your availability to participate in normally required fire department activities such as meetings, training drills, community events, and emergency calls.</i>			
WEEKDAYS: <input type="checkbox"/> DAYS <input type="checkbox"/> EVENINGS <input type="checkbox"/> NIGHTS <input type="checkbox"/> VARIES			
WEEKENDS: <input type="checkbox"/> DAYS <input type="checkbox"/> EVENINGS <input type="checkbox"/> NIGHTS <input type="checkbox"/> VARIES			
EMERGENCY SERVICES EXPERIENCE			
Are you currently or have you previously been a member of this or any other emergency services agency? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If YES, may we contact a representative of this agency as a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO			
<i>If YES, please provide agency information below and add additional agencies or details in the ADDITIONAL INFORMATION section of this application.</i>			
AGENCY:		POSITION(S) HELD:	
ADDRESS:		YEARS EXPERIENCE:	
		CONTACT:	
		PHONE:	
		EMAIL:	

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EDUCATION			
SCHOOL/UNIVERSITY:		DIPLOMA/DEGREE:	
FIELD OF STUDY:		DATE GRANTED:	
EMPLOYMENT			
Are you currently employed? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If YES, may we contact your employer as a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO			
EMPLOYER:		CONTACT:	
ADDRESS:		RELATIONSHIP:	
		PHONE:	
POSITION:		EMAIL:	
REFERENCES			
<i>Please list two references, other than members of this organization, who have known you for at least three years.</i>			
NAME:		ADDRESS:	PHONE:
RELATIONSHIP:			EMAIL:
NAME:		ADDRESS:	PHONE:
RELATIONSHIP:			EMAIL:
<i>Please list any acquaintances that are members of this organization.</i>			
INTERVIEW QUESTIONS			
Why do you wish to become a member of the Jonesville Volunteer Fire Department?			
What experiences, skills, or benefits are you hoping to gain from your time spent volunteering with us?			
Are you interested in becoming an Emergency Medical Technician or apparatus driver? Why or why not?			

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MEDICAL SCREENING AND BACKGROUND CHECK			
<p>OSHA regulations require that all applicants pass a physical examination before becoming an active member of the fire department. This medical examination is provided by the Jonesville Fire District medical provider at no cost to the applicant. Are you willing to undergo a medical examination, which includes drug screen? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><i>Additionally, the Jonesville Fire District will conduct an arson background check, a driver license background check, and a sex offender registry check. By signing your initials below, you are acknowledging notification of these background checks.</i></p>			
Initials of Applicant:			
DECLARATION STATEMENT			
<p><i>It is my desire to become a(n) <input type="checkbox"/> Active Member <input type="checkbox"/> Social Member of the Jonesville Volunteer Fire Company, Inc. I shall abide by the Constitution and By-Laws governing said Company. To the best of my knowledge, I do not have any mental or physical condition that will restrict the full performance of my duties in the Company. Exceptions to the above are described in the ADDITIONAL INFORMATION section of this application.</i></p>			
<p>WITHIN THE FREEDOM OF INFORMATION LAW, ALL INFORMATION CONTAINED OR OBTAINED HEREIN SHALL REMAIN CONFIDENTIAL AND SHALL BE USED ONLY FOR INTERNAL MEMBERSHIP PROCESSING.</p>			
<p>IN WITNESS WHEREOF, THIS APPLICATION HAS BEEN SUBSCRIBED THIS _____ DAY OF _____, 20____</p>			
<p>BY THE UNDERSIGNED APPLICANT WHO AFFIRMS THAT THE STATEMENTS MADE HEREIN ARE TRUE UNDER THE PENALTIES OF PERJURY.</p>			
SIGNATURE OF APPLICANT:		DATE:	
SIGNATURE OF WITNESS:		DATE:	
TO BE COMPLETED BY PARENT/LEGAL GUARDIAN FOR APPLICANTS UNDER 18 YEARS OF AGE:			
<p>I, _____, GIVE MY CONSENT FOR _____ TO FILE AN APPLICATION TO BECOME A MEMBER OF THE JONESVILLE VOLUNTEER FIRE DEPARTMENT.</p>			
PARENT/LEGAL GUARDIAN SIGNATURE:		DATE:	

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ADDITIONAL INFORMATION

Please provide any details as requested in previous sections of this application. Additionally, you may provide any other information you feel is pertinent. You may attach a résumé or emergency services certifications to this application, if desired.

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OUT OF DISTRICT

I, _____, Fire Chief of the Jonesville Volunteer Fire Department, after having interviewed and received his/her word of honor to uphold our Constitution and By-Laws and the position of Firefighter by remaining in good standing with the Chief's requirements, hereby recommend that the applicant be accepted by the Fire Company and by the Board of Fire Commissioners.

Fire Chief:

Date:

MEMBERSHIP COMMITTEE

Date of Interview:

Initiation Fee (\$1.00) and Annual Dues (\$2.00): PAID

Arson/Sexual Offender List Background Form: COMPLETED

Copy of Driver's License: OBTAINED

Jonesville Fire District Resident: YES NO

Applicant Recommended for Membership: YES NO

Recommended Classification:

Comments:

We, the undersigned committee members, recommend the applicant to membership as stated above.

As President of the Jonesville Volunteer Fire Company, Inc. I, _____, hereby recommend this applicant to the Board of Fire Commissioners for consideration for membership.

President:

Date Approved by JVFC:

BOARD OF FIRE COMMISSIONERS

We, the undersigned commissioners, approve the applicant to membership as stated above.

Approved by the BOFC:

Medical Report Received:

Badge Number Assigned:

Physically Qualified for Firefighting Duties: YES NO

Classification Assigned: INTERIOR EXTERIOR FIRE POLICE SUPPORT

Assigned Station: STATION 1 STATION 2