

**O. L. DAVIS FIRE COMPANY / ENDWELL FIRE DEPARTMENT  
INSTRUCTIONS TO APPLICANT**

Please fill out the attached application for membership.

**PLEASE NOTE THE FOLLOWING:**

- You must be a resident of the Endwell Fire District
- You must be at least 16 years to join (16 & 17 year olds require parental permission)
- You will need to submit \$3.00 with your application (checks made payable to O. L. Davis Fire Company)
- You will need to list two references who are not relatives and are over the age of 18 years of age, whom you have know for at least one (1) year.
- You must sign the release form attached to the application and submit with your application so that a background check may be done. New York state requires a background check for arson convictions.
- You must include your home phone number; pager numbers may be listed but only in addition to your home phone number

The following process occurs when an application is submitted for membership to the fire company:

1. The application is read before the fire company at the next monthly meeting (2nd Saturday of each month); exception is the January meeting where applications are not read;
2. The application is then submitted to the membership committee for their review. They will contact you to setup an appointment to come in for an interview. If you are under 18 you will be required to bring in a parent or legal guardian to the interview who will have to sign the consent portion of the application at that time.
3. New York State Law now requires an Arson Conviction Criminal History Check. Anyone with a conviction for arson may not join any volunteer fire company.
4. When you come in for your interview you must bring in your New York State drivers license and some other form of identification (college or work id card, birth certificate, etc.) to verify your identity.
5. If you have previously belonged to another fire company you must provide a letter of release, signed by the chief or a company officer of the former fire company.
6. Following the interview the membership committee will report back to the fire company membership at the next meeting of the fire company. Then the entire fire company in attendance at the meeting will vote on the application.
7. If approved by the fire company, the application is forwarded to the Board of Fire Commissioners for approval at their meeting (2nd Thursday of each month). If approved by the Board, the applicant's name is added to the membership roster.
8. Following approval by the Board, a letter will be sent to the applicant notifying him/her of acceptance.
9. Shortly thereafter, the applicant will be advised of the time and date to report for an orientation.
10. A doctor's physical is required; this will be done by the fire department physician at no expense to you. Instructions for the physical will be given to you at orientation.

Any time during the above process, should you have any questions, or wish to withdraw your application, you may contact the Fire District Office at 785-0985. Office hours are Monday to Friday 9:00 AM to 3:00 PM or you may leave a message on the answering machine and someone will return your call.

\*\*\*\*\*REMOVE THIS INSTRUCTION SHEET AND KEEP FOR YOUR RECORDS!!\*\*\*\*\*



# ENDWELL FIRE DEPARTMENT

3508 Country Club Road  
Endwell, New York 13760  
Business Office (607) 785-0985  
Fax (607) 785-6718

EMERGENCIES 911

## CONSENT FOR RELEASE OF INFORMATION

I, \_\_\_\_\_ (please print), do hereby authorize the release of any and all information about myself from any source deemed necessary, to a representative of the O. L. Davis Fire Company/Endwell Fire Department, prior to me being considered for membership in the Endwell Fire Department/O.L. Davis Fire Company.

This release includes information on all of the following:

- |   |  |
|---|--|
| * Criminal History                              | * Drivers License Abstract               |
| * Education Verification<br>(Fire Courses Only) | * Past Fire Company<br>Personnel Records |
| * References                                    | *Other                                   |

Only relevant information obtained through this investigation shall be considered for membership purposes.

\_\_\_\_\_  
signature

\_\_\_\_\_  
date

\_\_\_\_\_  
date of birth

\_\_\_\_\_  
Any other name by which you have been known

COMPANY SECRETARY: RETURN ORIGINAL SIGNED COPY TO BOARD SECRETARY

# O. L. Davis Fire Company Application for Membership

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Present Address \_\_\_\_\_

Previous Address \_\_\_\_\_  
(if present address is less than 3 years)

Are you 18 years or older? Yes \_\_\_ No \_\_\_ If 'No', state your age \_\_\_\_\_

Citizen of the U. S. A? Yes \_\_\_ No \_\_\_

Do you have a valid NYS Drivers License? Yes \_\_\_ No \_\_\_ Lic. # \_\_\_\_\_

Are you currently employed? Yes \_\_\_ No \_\_\_

Employer \_\_\_\_\_

Employer Address \_\_\_\_\_

Are you a full time student? Yes \_\_\_ No \_\_\_

School currently attending if 'Yes' \_\_\_\_\_

Have you ever been convicted or plead guilty of any crime? Yes \_\_\_ No \_\_\_

If 'Yes', please give details \_\_\_\_\_

Have you ever been a member of another fire department? Yes \_\_\_ No \_\_\_

If 'Yes', give details, including where, # of years, offices held, and are you currently a member

\_\_\_\_\_

References: Please provide two persons who have known you for at least 1 year

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

**Notice to applicant: Please read the following section carefully before signing**

**This application will be investigated by the investigating committee for character references and for any criminal convictions. If found by the investigation that the above references prove negative, or if convicted of a crime, this application may not be accepted by the committee. If accepted by the committee, this application will be presented to and must be accepted by the O. L. Davis Fire Company for approved membership.**

**O. L. Davis Fire Company By-Law agreement: I do hereby agree to abide by the constitution and By-Laws of the O. L. Davis Fire Company. I also agree to abide by the Endwell Fire Department Standard Operating Guidelines (SOG's).**

**Membership Fee: A fee of \$3.00 shall accompany this application**

**Agreement: I, the undersigned, do swear that the answers to the above questions are true and I understand that any false answers may be cause for my dismissal from the company**

**Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_**

.....  
**This section to be filled out if the applicant is under the age of 18 years of age and is to be signed in the presence of the Investigating Committee.**

**Signature of Parent of Guardian \_\_\_\_\_ Date \_\_\_\_\_**

.....  
**\*\* THIS SECTION FOR COMPANY USE ONLY \*\***

**Date of First Reading \_\_\_\_\_**

**Date if Interview \_\_\_\_\_**

**Date of Second Reading \_\_\_\_\_**

**Investigating Committee's Comments: \_\_\_\_\_**

\_\_\_\_\_  
**Investigating Committee Signatures:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Accepted into the Company? Yes \_\_\_ No \_\_\_ Badge # \_\_\_\_\_ Key # \_\_\_\_\_**

**Signature of Co. President or Secretary \_\_\_\_\_**

**Commissioner's Approval \_\_\_\_\_ Date \_\_\_\_\_**

**Date of Membership Termination \_\_\_\_\_ Reason \_\_\_\_\_**

## ARSON BACKGROUND CHECK

Effective April 1, 2000, New York State Executive Law section 837-o requires fire chiefs to obtain an arson history background check of any application for membership in a volunteer fire company. If history of an arson conviction is found, the applicant is barred from membership.

The following information is required by the New York State Division of Criminal Justice for form DCJS-9:

NAME: (LAST, FIRST, MIDDLE)																
ADDRESS: (LAST)																
NICKNAME(S):																
ALIAS OR MAIDEN NAME:																
SEX:  <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE			RACIAL APPEARANCE:  <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 15%;">WHITE</td> <td style="width: 15%;">BLACK</td> <td style="width: 15%;">AMER. INDIAN</td> <td style="width: 15%;">JAPANESE</td> <td style="width: 15%;">CHINESE</td> <td style="width: 15%;">OTHER</td> </tr> </table>					WHITE	BLACK	AMER. INDIAN	JAPANESE	CHINESE	OTHER			
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MONTH	DAY	YEAR														
FEET	INCHES															
PLACE OF BIRTH: (CITY, STATE)																
SOCIAL SECURITY NUMBER:																