

Applicant Name: \_\_\_\_\_

- Copy of driver's license
- Initiation fee included
- Complete/ reviewed \_\_\_\_\_

## Hopewell Volunteer Fire Department, Inc.



# application for membership

Hopewell Fire Department

PO Box 932

Canandaigua, NY 14424

Station 1: 3393 County Rd 4

Station 2: 4018 Routes 5 & 20

[www.hopewellfire.org](http://www.hopewellfire.org)

Station 2 phone: 585-394-4120

# *Hopewell Volunteer Fire Department Inc.*

PO BOX 932, 4018 State Route 5 & 20, Canandaigua, NY 14424

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## **APPLICATION FOR MEMBERSHIP**

### **INSTRUCTIONS**

Greetings!

Thank you for your interest in joining the Hopewell Fire Department. New members are very important to any volunteer organization. We appreciate your time spent completing our application completely and thoroughly.

- Please include two copies of your driver's license.
- **Submit \$15.00 annual dues with the application. Refunded if not accepted as a member (may be \$5.00 depending on the mailing option chosen).**

You may remove this page and use these instructions to assist you in completing the application.

1. Please fill in the date, and using lines 1-3 complete your name and address information.
2. Question 4 asks your date of birth and social security number. These are necessary for the completion of the criminal background check, which is conducted by law enforcement. We take great care with your personal information and strictly limit access to these details.
3. Questions 5 through 7 are for your contact information, e-mail addresses and any social networking sites you may use.
4. Questions 8, 9, and 10 are used during the background check.
5. Question 11 is used to tell us about your current employment status and serves as a reference.
6. Question 12 tells us about your driving history. A motor vehicle records check will be completed as part of your application. If you have driving related arrests or convictions, please explain them on page three in the "additional information" area.
7. Question 13 tells us about your availability. Volunteers are not expected to be available all the time, but we do like to have an idea of when you can help out.
8. Questions 14 & 15 are about your prior experience in fire, rescue, EMS, law enforcement and the military.
9. Question 16 is part of our background check. Having been arrested or convicted of a crime is not an absolute bar to membership, but we do ask you to explain any arrests or convictions on the "additional information" page.
10. Question 17 asks you to list three references. Your references should not be family or current members of the Hopewell Fire Department. We may call your references to discuss your application.
11. Questions 18 and 19 ask you to list a sponsor (if any) and family or friends who are members. For example, whom did you receive your application from?
12. Question 20 is related to your physical fitness. A physical exam will be provided for you at no cost.

Hopewell Fire Department, Inc.  
Application for Membership

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## APPLICATION FOR MEMBERSHIP

When you are done, please place your completed application in a large envelope and drop it in the mail, or bring it to the firehouse and hand it to a member. You will be contacted by our Membership Committee and scheduled for an interview.

1. \_\_\_\_\_  
(Last Name) (First Name) (M.I.)

2. \_\_\_\_\_  
(Address) (Apt.)

3. \_\_\_\_\_  
(City, Town, Village) (State) (Zip)

4. What is your date of birth? \_\_\_\_\_ Social Security Number: \_\_\_\_\_

5. Phone number(s): \_\_\_\_\_

6. E-mail addresses: \_\_\_\_\_

7. List any social networking pages? (MySpace, Facebook, etc) \_\_\_\_\_

8. How long have you resided at the above address? Years: \_\_\_\_\_

9. How long have you resided in New York State? Years: \_\_\_\_\_

10. 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? Yes\_\_\_ No\_\_\_

*If "Yes", please explain below:*

\_\_\_\_\_  
\_\_\_\_\_

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

If "Yes" give employer information below. May we contact your employer as a reference? Yes\_\_\_ No\_\_\_

Name of Company \_\_\_\_\_

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

Supervisor's Name: \_\_\_\_\_

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## APPLICATION FOR MEMBERSHIP

12. Do you have a valid New York State Drivers License? Yes\_\_\_ No\_\_\_ (Provide two copies of License)

If "Yes" please indicate the following: License number: \_\_\_\_\_

License Class:\_\_\_\_\_ Expiration Date:\_\_\_\_\_

13. Please indicate your availability to participate in normally required fire department activities (Meetings, drills, and emergency calls).

Please check the appropriate time periods:

Week Days:

Days\_\_\_\_\_ Evenings\_\_\_\_\_ Nights\_\_\_\_\_

Weekends:

Days\_\_\_\_\_ Evenings\_\_\_\_\_ Nights\_\_\_\_\_

14. Do you have any previous emergency services experience: (include only fire, rescue, police, and emergency medical service agencies)?

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

Address\_\_\_\_\_

Contact Person\_\_\_\_\_ Telephone\_\_\_\_\_

What were your dates of service: \_\_\_\_\_

What was your reason for leaving? \_\_\_\_\_

*(If more space is needed, please use attached sheet)*

15. Have you ever been a member of the United States Armed Forces? Yes\_\_\_ No \_\_\_

If the answer is "Yes", in which branch did you serve? \_\_\_\_\_

What kind of discharge did you receive? \_\_\_\_\_

Dishonorable discharge is not an absolute bar to membership. This and other factors will effect a final membership decision. If the above answer is "Yes", give complete details in the space provided for additional information on the last page (include service branch and service dates).

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## APPLICATION FOR MEMBERSHIP

16. Have you ever been convicted of a crime (not including traffic infractions)? Yes \_\_\_ No \_\_\_

*If "Yes" give details on the attached sheet.*

17. Please list three personal references, **other than members of your family or this organization**, who have known you for at least three years.

A. Name: \_\_\_\_\_ Tel. # \_\_\_\_\_

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

B. Name: \_\_\_\_\_ Tel. # \_\_\_\_\_

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

C. Name: \_\_\_\_\_ Tel. # \_\_\_\_\_

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

18. Hopewell Fire Department Sponsor

A sponsor must be a member of the Hopewell Fire Department who is in good standing with the department)

\_\_\_\_\_  
Sponsor's Name

\_\_\_\_\_  
Sponsor's Signature & Date

19. Please list the names of any acquaintances or family members that are members of this organization:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

20. 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? Yes \_\_\_\_\_ No \_\_\_\_\_

21. Application is for what class of membership:

Active Responder Membership  Support/ Rehabilitation Membership

Social Membership  Mutual Aid Membership

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## **APPLICATION FOR MEMBERSHIP**

### **ADDITIONAL INFORMATION FOR MEMBERS AGES 16 & 17**

Any person ages 16 or 17 years of age may apply for membership but must comply with the following rules:

1. Must follow all by-laws and junior firefighter standard operating guidelines.
2. For your interview with the department, a parent or legal guardian must be present.
3. Must maintain all training requirements to be an active firefighter.
4. Must have parent or legal guardians signature

You will NOT be allowed to:

1. Drive any Hopewell Fire Department vehicles.
2. Enter any burning structure, except in training and under strict supervision.
3. Miss any school due to any Fire Department functions.
4. When school is in session, the applicant cannot respond to any call after 10:00 pm, prior to a school day.

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

Telephone # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Applicant's signature \_\_\_\_\_

Date \_\_\_\_\_

There may be a time when your son/daughter is on a scene after 10:00 pm, do you have any objections to this? Yes \_\_\_\_\_  
No \_\_\_\_\_

If there is a time when your son/daughter is on a scene after 10:00 pm and you do not want them to be, you may be required to pick them up at the scene.

I hereby signify that this application is made with my knowledge and consent.

Signature of parent or legal guardian \_\_\_\_\_

Date \_\_\_\_\_

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## **APPLICATION FOR MEMBERSHIP**

Applicant's Name: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

### **SECRETARY'S ENDORSEMENT**

This application was received and read at a regular meeting of the Hopewell Volunteer Fire Dept., Inc, held on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. It was referred to the Membership Committee for action.

Secretary's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Background check completed: Y/N Date sent to OCSD: \_\_\_\_\_ Date received back: \_\_\_\_\_

If NO; reason why background check not performed: \_\_\_\_\_

### **MEMBERSHIP COMMITTEE REPORT**

[ ] APPROVED [ ] DISAPPROVED for probationary membership, by the Membership Committee at a meeting held the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ after an interview with the candidate on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_. Membership category is: \_\_\_\_\_ . Approved application sent to Hopewell Town Board on \_\_\_\_\_ .

### **HOPEWELL TOWN BOARD REPORT**

At a meeting of the Hopewell Town Board on \_\_\_\_\_, the Board voted to [ ] APPROVE [ ] DISAPPROVE membership to the Hopewell Volunteer Fire Department, Inc.

Town Clerk's signature \_\_\_\_\_ Date \_\_\_\_\_

### **6 MONTH PROBATION REPORT**

The applicant has completed 6 months or more as a probationary member of the Fire Department. The Membership Committee on \_\_\_\_\_, 20\_\_\_\_ recommends the Board of Directors and the Department members [ ] APPROVE [ ] DENY membership of the candidate; OR [ ] recommends \_\_\_\_\_ months of additional probation.

### **BOARD OF DIRECTOR'S REPORT**

At a meeting on \_\_\_\_\_ 20\_\_\_\_, the Board reviewed the report by the Membership Committee and [ ] extends probation by \_\_\_\_\_ months; OR recommends [ ] APPROVAL [ ] DISAPPROVAL of the probationary member to the Fire Department members.

Chairman's signature: \_\_\_\_\_ Date \_\_\_\_\_

### **SECRETARY'S REPORT**

At a regular business meeting of the Fire Department on \_\_\_\_\_ 20\_\_\_\_, the members voted to [ ] APPROVE [ ] DENY full membership of the probationary member.

Secretary's signature \_\_\_\_\_ Date: \_\_\_\_\_

Candidate received copy of Department By-Laws YES / NO

Candidate received copy of Department Policies YES / NO

Medical Exam completed YES / NO Date: \_\_\_\_\_ . Exam must be conducted as soon as possible after Probationary status; and prior to being eligible to be accepted as a full member.

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## APPLICATION FOR MEMBERSHIP

### MEDICAL QUESTIONNAIRE

NOTE: This form is designed to provide the Fire Department a general understanding of physical status as of the date indicated. It is recommended that this form be completed annually by all drivers of emergency vehicles as well as other Active Responder members. If any questions are answered "YES", be sure to explain the answer in the area after the questions.

Active participation as a volunteer firefighter includes, but is not limited to the following physical activities: heavy lifting and bending, ladder climbing, use of self-contained breathing apparatus, handling charged hose lines, and subjected to extreme changes of temperature and other environmental changes.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Health Insurance Company: \_\_\_\_\_

#### **Medical History**

Have you ever had or presently have, any the conditions listed below?

Deformities of an extremity	YES NO	Alcoholism	YES NO
Arthritis or knee problems	YES NO	Kidney Disease/absence of kidney	YES NO
Diabetes	YES NO	Hernia	YES NO
Heart Condition	YES NO	Stomach or intestinal disease	YES NO
Heartbeat irregularity	YES NO	Cancer	YES NO
Lung disease, emphysema, asthma	YES NO	Anemia	YES NO
Hypertension	YES NO	Allergies	YES NO
Epilepsy	YES NO	Hospitalization in the past 5 years	YES NO
Nervous or Psychiatric disorder	YES NO	HIV	YES NO

If you answered "YES" to any questions, please briefly describe below:

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OSHA safety and health standards require that volunteer firefighters are physically capable of performing duties, which may be assigned to them during emergencies. Applicants and previously approved firefighters cannot be approved or continue as active firefighters if they have known heart disease, epilepsy, hepatitis, emphysema, infectious diseases, etc. unless a physician's certificate of fitness is provided. This statement must state the applicant's names and that his/her medical condition will not interfere with First Responder activities and that firefighting or EMS pose no undue risk to the applicant or patient.

I do affirm that the answers to all the above questions are complete, accurate and true to the best of my knowledge. I also agree to a physical exam that is conducted at department expense

Signed \_\_\_\_\_

Date \_\_\_\_\_

Hopewell Fire Department, Inc.  
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## **APPLICATION FOR MEMBERSHIP**

### **ADDITIONAL INFORMATION**

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## **APPLICATION FOR MEMBERSHIP**

### **PRIVACY NOTIFICATION**

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

IN WITNESS WHEREOF, THIS APPLICATION HAS BEEN SUBSCRIBED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_ BY THE UNDERSIGNED APPLICANT WHO AFFIRMS THAT THE STATEMENTS MADE HEREIN ARE TRUE UNDER THE PENALTIES OF PERJURY.

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

DATE \_\_\_\_\_

WITNESSED BY \_\_\_\_\_

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 that 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 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 Hopewell Volunteer Fire Department, Inc.

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## **APPLICATION FOR MEMBERSHIP**

### **APPLICANT'S AUTHORIZATION FOR RELEASE OF INFORMATION**

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

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 Signature**

\_\_\_\_\_  
**Applicant Name (*please print*)**

\_\_\_\_\_  
**Date**

**Witnessed by:**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Witness Name (*please print*)**

\_\_\_\_\_  
**Date**

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## **APPLICATION FOR MEMBERSHIP**

### **Authorization for Release of Family Court Records**

I \_\_\_\_\_, hereby authorize a member of the Ontario County Sheriff's Office to access all pleadings, orders, decrees, and other documents pertaining to myself that are contained in the records of the Family Court for the purpose of conducting an investigation pursuant to my application for membership to the Hopewell Volunteer Fire Department.

I understand the records and information disclosed pursuant to this authorization will be retained as confidential and may not be redisclosed except as necessary for the investigation pertaining to my membership to the aforesaid fire department.

Your signature affixed hereto must be witnessed.

Signed \_\_\_\_\_

Dated: \_\_\_\_\_

Witness: \_\_\_\_\_

Title of witness \_\_\_\_\_

12/19/11

Hopewell Fire Department, Inc.  
Application for Membership