



**PHELPS VOLUNTEER FIRE DEPARTMENT INC.**

**PHELPS AMBULANCE INC.**

*P.O. Box 81, 79 Ontario Street  
Phelps, NY 14532*



Dear Applicant,

Thank you for expressing interest in the Phelps Volunteer Fire Dept. and/or the Phelps Ambulance. There is a never ending need for volunteers. Members of the department respond to emergency and non-emergency calls 24 hours a day, 7 days a week, 365 days a year.

There are several steps to our membership process. Your application needs to be filled out completely and accurately. After your application is submitted to the membership committee, you will be called for an initial interview. This interview is very non-formal and gives the committee time to ask you a few questions and for you to ask us any questions that you might have on your mind. After the initial interview, your application will be sent out for both a criminal background check, as well as, an arson check. Once the background checks have been received back to the committee, they will review the data received and decide on a course of action for you. If you are accepted by the membership committee, you will be called to meet with the Board of Directors of the department. At that time you will need to bring \$5 (five dollars) for your annual membership dues and you will have a chance to meet with several members of the department who sit on the board.

Once you are a member, you will be placed on a 6 month probationary period in which you will have a chance to participate in drills, training, monthly meetings and most importantly, calls for assistance. You will be evaluated on your participation during this period, so be sure to show up to as many events as possible as well as enroll in any classes you may need to start your journey into the roll of a firefighter or EMT. After your 6 month probation, your membership will be voted on by the members.

We at the Phelps Volunteer Fire Dept. and Phelps Ambulance look forward to working with you and helping you train for your own personal success as well as the success of the community in which you will serve. Thanks again for taking the time out of your life to help those in need.



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**APPLICATION FOR VOLUNTEER MEMBERSHIP**

Date \_\_\_\_\_

**1. PERSONAL INFORMATION:**

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

A. Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

B. Date of Birth: \_\_\_\_\_

C. Drivers License Number: \_\_\_\_\_

Issuing State: \_\_\_\_\_ Class of License: \_\_\_\_\_

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

D. Are you a U.S. citizen? \_\_\_\_\_

E. List all other names by which you have been known... (female applicants should list maiden name also)

\_\_\_\_\_  
F. Please attach a copy of drivers license and any other certifications or licenses with this completed application

**2. ADDRESS:**

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

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

How long have you lived at your current address? \_\_\_\_\_

A. List Any Previous Addresses In The Last Five (5) Years:

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

**3. CONTACT INFORMATION:**

Home Phone \_\_\_\_\_ Cellular Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**4. EDUCATION**

Name of School	Dates	Course of Study	Graduated

(if more space is needed, please use attached sheet)

**5. EMERGENCY SERVICES EXPERIENCE: (Fire-Rescue, Police or EMS)**

A. Name of Agency \_\_\_\_\_

Address \_\_\_\_\_

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

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

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

B. 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)

**6. EMPLOYMENT HISTORY:**

A. Chronologically list your employment history for the last ten (10) years...include part-time, summer and list any periods of unemployment.

Name and Address of employer      Dates      Duties      Immediate Supervisor      Reason for Leaving

A. (Present Job)				
B.				
C.				
D.				

(if more space is needed, please use attached sheet)

May we contact your present employer? ( \_\_\_\_ ) No ( \_\_\_\_ ) Yes

**7. MILITARY RECORD:**

A. Have you ever served on active duty in the Armed Services? ( ) No ( ) Yes

B. If yes, please indicate the following:

Branch \_\_\_\_\_ Serial No. \_\_\_\_\_ Rank \_\_\_\_\_

Dates of Service: \_\_\_\_\_ to \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

Member of Reserves? ( ) No ( ) Yes Branch \_\_\_\_\_

Member of National Guard at Present? ( ) No ( ) Yes

**8. COURT RECORD:**

List all convictions for criminal or traffic violations (except parking tickets) Use attached sheet if needed.

Date	Agency	Charge	Disposition	Comments

**9. REFERENCES:**

Please list three personal references, **other than members of your family or this organization**, who have known you for at least FIVE years and are residents of Ontario County (where possible).

A. Name: \_\_\_\_\_

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

Telephone Number(s) Home: \_\_\_\_\_ Cellular: \_\_\_\_\_

References Occupation or Business \_\_\_\_\_

Number of years known \_\_\_\_\_

B. Name: \_\_\_\_\_

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

Telephone Number(s) Home: \_\_\_\_\_ Cellular: \_\_\_\_\_

References Occupation or Business \_\_\_\_\_

Number of years known \_\_\_\_\_

C. Name: \_\_\_\_\_

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

Telephone Number(s) Home: \_\_\_\_\_ Cellular: \_\_\_\_\_

References Occupation or Business \_\_\_\_\_

Number of years known \_\_\_\_\_

**10. AVAILABILITY**

A. Please indicate your availability to participate in normally required activities (meetings, drills, and emergency calls).

Please check the appropriate time periods:

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

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

**11. MEDICAL CLEARANCE:**

A. Firefighter, EMS driver and Emergency Medical Technician candidates must pass a required physical examination before becoming a member. A designated physician will provide you with a free medical examination.

Will you be willing to undergo a medical examination? Yes\_\_\_\_ No\_\_\_\_

**12. SPONSORS:**

A. Sponsors (Minimum 1)

\_\_\_\_\_

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

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

**13. APPLICANTS UNDER THE AGE OF 18:**

A. Your parent and/or legal guardian must sign this application below as well as be present for the Board of Directors meeting. You will be called and given the time and date of the meeting, so as you can both make arrangements to be present.

B. Parent and/or legal guardians signature:

Print name:\_\_\_\_\_

Signature:\_\_\_\_\_



**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 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





**For Internal Use Only:**

Applicant is applying for Fire and EMS or EMS only.

Membership Committee (Print)	Membership Committee (signature)	Approved to Membership Y/N	Present at initial interview Y/N

Date of application: \_\_\_\_\_

Date of interview: \_\_\_\_\_

Medical Restrictions and/or history:

\_\_\_\_\_

\_\_\_\_\_

Background check completed: Y/N

If YES date sent to OCSD: \_\_\_\_\_

Date received back: \_\_\_\_\_

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

\_\_\_\_\_

Date submitted to Village Board: \_\_\_\_\_

Village Board accepts member: Y/N

Village Board signature: \_\_\_\_\_