# Alexander Fire Department, Inc.

**10505 Main St.**
**Alexander, NY 14005**

| Membership Type |
| --- |
| Active _____ Social_____ |

## APPLICATION FOR MEMBERSHIP
(Please Print)

NAME: (First) (Middle Initial) (Last)

CURRENT ADDRESS: (Street) (City) (State) (Zip Code)

AREA CODE – TELEPHONE NUMBER – CELL AREA CODE – TELEPHONE NUMBER - HOME

DRIVERS LICENSE I.D. NUMBER CLASS STATE EXPIRATION DATE

EMAIL ADDRESS ADDITIONAL SOCIAL MEDIA CONTACT

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**APPLICANT MUST ANSWER ALL OF THE FOLLOWING QUESTIONS**

Are you a legally authorized for employment in the United States? Yes____ No____

Are you under 18 years of age? Yes____ No____

Do you have reliable transportation to get to the fire station? Yes____ No____

How long have you resided at the above address? Years_____ Months _____

How long have you resided in New York State? Years_____ Months_____

Previous Address: List previous address if you resided at the above address less than 5 years.

Number and Street Apt./Suite No.

Town/Village State Zip Code

Military Service: Have you ever been a member of the United States Armed Forces? Yes____ No____
If the answer is "Yes" please complete the following.

Service Branch_____ Service Dates_____

Education: Indicate the highest-grade level of education completed:

Grade School _____ High School _____ College _____

State degree or certificate awarded: _____

Employer: Company Name: _____

Address: _____

_____

Telephone: (  ) _____ Fax: (  ) _____

May we contact your employer as a reference? Yes _____ No _____

If Yes, Contact Name: _____ Title: _____

Please indicate your availability to participate in Fire Department activities:
(Emergency calls, meetings, training, work details, and events)

Monday through Friday: Days_____ Evenings_____ Nights_____

Saturday and Sunday: Days_____ Evenings_____ Nights_____

Previous Experience: Complete the following only if you have any previous experience with an emergency service provider (include fire, rescue, police, and emergency medical services).

Name of Agency: _____

Address: _____

_____

Training: List any training, education, and/or courses that you have completed that relate to emergency services.

_____

_____

_____

Background: Will you be willing to submit to a background check Yes____ No____

If you answered "Yes" please list any previous names / surnames:

_____

_____

_____

List three personal references, other than members of this organization, who have known you for at least 3 years.

Name:_____ Telephone:_____

Address:_____ Relationship:_____

Name:_____ Telephone:_____

Address:_____ Relationship:_____

Name:_____ Telephone:_____

Address:_____ Relationship:_____

List the names of any acquaintances that are members of The Alexander Fire Department:

_____

_____

Physicals: Applicants must pass a physical examination for Active Membership to determine if they are fit for duty and may be required to undergo testing for illegal or controlled substances. All physicals will be conducted by a physician designated by Alexander Department to ensure they are in accordance with OSHA. The Alexander Fire Department will pay the cost of the medical examination.
Do you agree to undergo this medical examination? Yes____ No ____

Additional Information: List any additional information about yourself or your interests that you feel would be relevant in the consideration of yourself for membership in the Alexander Fire Department:
Attach additional pages to this application if more space is required.

_____

_____

**Within the Freedom of information law, all information contained or obtained herein will remain confidential and will be used only for internal membership processing.**

Knowingly making a false written statement is a crime and punishable under NYS Penal Law §210.45

| _____ | _____ | _____ |
|---|---|---|
| Applicant's Name (Please Print) | Applicant's Signature | Date |
| _____ | _____ | _____ |
| Parent or Guardian if under 18 (Please Print) | Parent or Guardian if under 18 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 records system, is collected from you.

(1) The authority to request and confirm personal information about you is found in Article 6 of Executive Law.

(2) The information obtained will:
   (a) Be used to determine your qualifications for the position for which you are applying.
   (b) Be released to the Fire Chief and President of the Alexander Fire Department, Inc.
   (c) Be maintained in your personal file permanently if you become a Fire Department Member or for an appropriate period of time if you do not become a member.

(3) Failure to provide the information or authorization will result in dismissal of your application for membership.

# APPLICANT'S AUTHORIZATION FOR RELEASE OF INFORMATION

In order to confirm the information I supplied on this application for membership with the Alexander Fire Department, I authorize all licensing agencies, educational institutions, law enforcement agencies, present and former employers and the military service to disclose their relevant records pertaining to me to the Alexander Fire Department whether the information be public, private or confidential in nature. Thus I release the aforementioned agencies, companies, services and institutions from any liability and responsibility from disclosing any relevant records.

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.

Knowingly making a false written statement is a crime and punishable under NYS Penal Law §210.45

_____ _____

Date of Birth Social Security Number

_____ _____ _____

Applicant's Name (Please Print) Applicant's Signature Date

_____ _____ _____

Parent or Guardian if under 18 (Please Print) Parent or Guardian Signature Date

Sworn to before me this

_____ Day of _____, 20___.

_____

Notary Public

# Office of the Sheriff

Genesee County, New York

William A. Sheron, Jr., Sheriff

Bradley D. Mazur, Undersheriff

*New York State Accredited Agency*

CR # _____

I, _____, hereby authorize and request the release of
*(Print First/Middle/Last Name)*

☐ any/all contact ☐ arrest records only with the Genesee County Sheriff's Office/Jail you may have that concerns me to a representative of _____.
*(Name of Individual, Company or Agency requesting information)*

Social Security #: _____ Street Address: _____

Phone Number: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ Race: _____ Sex: _____

Indicate below any other name/last name (ie: maiden name) by which you are or have been known:

_____

**Please keep in mind that this background check is only for records on file at the Genesee County Sheriff's Office.**

**It will not include records from any other agencies (ie: NYS Troopers, City of Batavia Police Department, etc.)**

*NOTE: Every effort to complete this request will be made within 7-10 working business days from the date of receipt.*

The information requested is for my background investigation and shall be valid for a period of one year from the date of the execution of this document.

☐ **REQUIRED:** I have attached a copy of my valid NYS Driver's License or other government issued photo identification.

X _____ _____
*Signature* *Date*

**For a more extensive background check to include all law enforcement agencies in New York State** through the Division of Criminal Justice Services, go to *www.criminaljustice.ny.gov* or call 1-800-262-3257. Read this website carefully for complete instructions. In the left hand navigation bar, under "Reference", select "Criminal History Records". The "Personal Record Review" tab includes information about the program. The bottom of the screen provides options for the type of review being requested. You'll be redirected to a third party website to complete the appointment process.

**For a Federal "Identity History Summary Check",** go to *www.fbi.gov/about-us/cjis/identity-history-summary-checks* or call the CJIS Division, Clarksburg, West Virginia at 1-304-625-5590.

# 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.*

*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.*

A. DATE:

B. REQUESTING VOLUNTEER FIRE DEPARTMENT

DEPARTMENT NAME: Alexander Fire Department Inc.

FIRE CHIEF NAME: SIGNATURE:

ADDRESS: 10505 Main Street, P.O. Box 336
Alexander, NY 14005

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.

RESULTS OF INQUIRY

INVESTIGATING OFFICER: _____ DATE _____
(PRINT NAME/TITLE)

INVESTIGATING OFFICER SIGNATURE _____

☐ 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

# Genesee County Self-Insurance
## Volunteer Firefighter's Certificate of Health
(To be filled out in employee's own handwriting)

Please answer all the following questions:

Fire Company _____ Date _____

Name: _____

Address: _____

Date of Birth: _____ Height _____ Ft: _____ In Weight _____

Are you now suffering, or have you ever suffered from any of the following conditions:

| | Yes | No | | | Yes | No |
|---|---|---|---|---|---|---|
| Frequent Severe Headache | | | | Skin Disease | | |
| Shortness of Breath | | | | Back Pain | | |
| Swelling of Feet | | | | Arch or feet trouble | | |
| Blood in Urine | | | | Rupture or Hernia | | |
| Varicose Veins | | | | Paralysis | | |
| Diabetes | | | | Heart Disease | | |
| Hemorrhoids (Piles) | | | | Tuberculosis | | |
| Asthma | | | | Other lung problems | | |
| Epilepsy | | | | Lead or other poisonings | | |

Remarks explaining any of the above: _____

_____

_____

When were you treated last by any physician or doctor? _____

What were you treated for? _____

Name and address of doctor? _____

Have you ever had an injury that has left you with a permanent disability? _____

If so, what is your disability? _____

Have you ever had a Workers' Compensation injury? _____

What body part was injured? _____

Who was your employer? _____

_____

(Signature of Volunteer Firefighter)

State of New York

County of _____

_____ being duly sworn, deposes and says that he has read the foregoing statement by him subscribed and knows the contents thereof and that the same is true to the best of his knowledge and belief.

Sworn to before me this _____ day of _____, 2024

_____

Notary Public

# Alexander Fire Department Inc.

PO Box 336
Alexander, NY
14005-0336
(585) 591-2411

## EXCERPTS OF ALEXANDER FIRE DEPARTMENT INC. BY-LAWS

I. The regular meeting of this department shall be on the third Monday of each month at eight o'clock P.M. for the purpose of transacting business. (Article III Section 1).

II. No member shall drive or operate such equipment unless so qualified and issued a driver's card by the Chief. (Article IV Section 9B)

III. Any New Member voted into the department is automatically on the following month's house committee. (Article V Section 13)

IV. Active Members: Active members of the Alexander Fire Department Inc. shall be residents of the Alexander fire District or any town bordering the Town of Alexander provided that the percentage of such non-resident members in the department does not exceed 30% of the actual membership. These members shall have all powers, duties, immunities, and privileges of resident volunteer members. Any person 16 years of age or over may become an active member of this department and shall have all the privileges except for the restrictions which follow:

   a. Shall not drive any fire apparatus unless so ordered by the Chief or assistant Chiefs.

   b. Shall not be a member of the Rescue Squad until he reaches the age of 18 years.

   c. Meet minimum training requirements set forth by department policy. (Article VI Section 1A)

V. Social Members: Non-residents of the fire district may be elected to Social Membership of this department. Also, residents of the fire district who by reason of personal choice, cannot serve as active members may elect to become Social Members. Such members shall be subject to all fines and assessments and be responsible for the same duties; except they shall not be required to respond to fire alarms and emergencies. (Article VI Section 1B)

VI. Any Member WILL be suspended for failure to pay dues by March 31st and terminated from membership roll effective December 31st of the same year. (Article VI Section 4)

VII. It shall be the duty of all active members to respond to the fire station or the scene of the fire or emergency upon receipt of the alarm. (Article VII Section 1)

VIII. Every Member of this department shall obey all orders issued by the officer in command of the department while on duty. Every member while on duty, on parade, in meetings, or otherwise representing this department must conduct himself in a manner which will not reflect discredit to this department. (Article VII Section 2)

IX. Active Members MUST fulfill those duties which keep them as a Member in Good Standing and completing those tasks as listed in SOG Active Member Status. (Article VII Section 3)

X. Member in Good Standing: A Member in good standing MUST attend three regular department meetings, participate in three (3) fundraising events and three (3) House Committee functions annually, UNLESS, prevented from doing so by reason of sickness, working conditions, or other VALID REASONS.

At least once a year the "Membership Review Committee" (Article V, Section 10) shall evaluate the membership based on their recommendations, a member failing to fulfill these duties may be dropped from the roll of the department (2014) (Article VII Section 3A)

XI. It shall be the duty of every member whenever possible to attend the Memorial Service held by the department for its deceased members.

XII. Membership dues shall be five (5) dollars per year payable as of January 1st of each year. (Article IX Section 1)

# Alexander Fire Department, Inc.

**10505 Main St.**
**Alexander, NY 14005**

Applicant

_____

## FOR FIRE DEPARTMENT USE ONLY

Date Received:_____ Received By:_____

### FIRST READING

Application read at the regular Fire Department Meeting of: _____/_____/ 20____

### INTERVIEW

Applicant interviewed by Membership review: _____/ _____/ 20_____

Committee recommendation that the applicant be: Approved _____ Rejected_____

This recommendation concurred by a majority of the following :

_____ _____ _____

_____ _____ _____

_____ _____ _____

### MEMBERSHIP VOTE

Application voted on by secret ballot at Alexander Fire Department regular meeting of _____/____/20____

Record of Ballot: For Acceptance _____ For Rejection _____

Witnessed By:

_____ _____ _____

Title Title Title

Applicant notified of initial approval / disapproval: Date _____/ _____/ 20____

### PHYSICAL EXAMINATION

Date of Examination: _____/ _____/ 20____ Approved as fit for firefighting duty _____

Rejected as not fit for firefighting duty_____

### APPROVED FOR PROBATIONARY FIREFIGHTER STATUS

Yes_____ No_____ Date: _____/ _____/ 20____

Applicant notified of final approval / disapproval: Date _____/ _____/ 20____

### MEMBERSHIP TERMINATION

Membership termination date: _____/ _____/ 20____

Reason for Termination:_____