



Onondaga Hill Volunteer Fire Department
4831 Velasko Rd., Syracuse, NY. 13215
Phone: 315-492-9191 Fax: 315-492-1542

Application for Membership

Onondaga Hill Volunteer Fire Department complies with the appropriate Federal and State laws against discriminatory practices in acceptance of its members.

Please fill out this application in its entirety. You need to attend two drills prior to being brought in for an interview. Drills are Monday nights at 7 pm and Wednesday nights at 6 pm. Be sure to sign the drill sheet so we can track your progress.

*Return completed application and a photocopy of your driver's license to:
Onondaga Hill Fire Department, 4831 Velasko Road, Syracuse, NY. 13215. ATTN: Membership Committee*

Attached Release of Information Form must be signed and dated in order for your application to be processed.

Three Reference pages attached must be signed and dated so we can send to your references (attached at end of application)

Please check which type of Membership you are applying for)

- Associate Membership (Administrative).
- Restricted Active Member (Age 14-18) (If under 18, your parent must also sign page 5 of this application)
- Active Membership Firefighter.

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Cell Phone: _____ Home Phone _____

Email: _____

DOB: _____ Social Security No.: _____ Marital Status: _____

Please list two reasons why you would like to become a member of the Onondaga Hill Volunteer Fire Department:

1. _____

2. _____

Work History

Employer _____ Address: _____

From: _____ To: _____ Phone Number: _____ Will employer let you leave for calls _____

Hours Wored _____ Days Workeds: _____

Additional Comments: _____

Employer _____ Address: _____

From: _____ To: _____ Phone Number: _____ Will employer let you leave for calls _____

Hours Wored _____ Days Workeds: _____

Additional Comments: _____

Employer _____ Address: _____

From: _____ To: _____ Phone Number: _____ Will employer let you leave for calls _____

Hours Wored _____ Days Workeds: _____

Additional Comments: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Prior Experience related to Fire Service

Have you ever belonged to, or applied to the Onondaga Hill Volunteer Fire Department or any other Fire Department? If yes, please list below:

Name of Department: _____ Dates: _____

Address: _____ Phone: _____

Reason for leaving: _____

FF/EMT classes completed: _____

Other FF related skills/training: _____

Criminal

Have you ever been convicted of a crime? If so please explain below.

Do you have a NYS Driver's License? Yes _____. No _____.

License ID #: _____ State of: _____

Have you ever had any traffic violation(s)? Yes _____. No _____.

If yes, list below:

<u>Violation</u>	<u>Date of Violation</u>
_____	_____
_____	_____
_____	_____

Medical History

Active participation as a volunteer firefighter, includes but is not limited to heavy lifting and bending, ladder climbing, use of self-contained breathing apparatus, handling charged hose, being subjected to extreme changes of temperatures.

OSHA Safety and Health Standards require that **active** 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 continued as **active** firefighters if they have known heart disease, epilepsy, or emphysema unless a physician certificate of fitness is provided. This additional certificate, on the Physicians own letterhead stationery, must state that the applicant may be an **active** firefighter and that his/her medical condition will not interfere with firefighting and that firefighting poses no undue risk to the applicant. Regardless of the applicant's exact condition of health (healthy, with a condition listed above or with a different medical problem) the firefighter will be required to perform all the duties of an **active** volunteer firefighter.

All applicants who are accepted into the department as **active** members are required to have a physical examination by the Department's physician at the fire departments expense prior to performing duties as a member. All applicants must also pass a drug screening test prior to being accepted as a member which will be performed by Industrial Medical Associates at the department's expense.

I, _____, have read the above statement and understand it fully. I have no questions and have answered all questions to the best of my ability and to the best of my knowledge. If the Membership committee finds any incorrect answers on this physical form, then the Membership Committee reserves the right to reject this application.

Applicant's Signature

Date

References

List **three** people who are NOT related to you and who have a definite knowledge of your qualifications, fitness, character and have known you for at least 5 years.)

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimers and Signature

The undersigned hereby applies for membership in the Onondaga Hill Volunteer Fire Department and agrees that if this application is accepted he/she will abide by its By-Laws, SOP's, obey orders issued by Department officers when on duty and attend required number of alarms, meetings, drills and training requirements whenever possible. I understand that my final acceptance is conditioned upon a vote by the membership and upon my passing of a medical examination. I, the undersigned do hereby certify that the above facts are true to the best of my knowledge. I hereby give my permission to the Membership Committee as designated by the Department to have any and all of my statements investigated. I certify that my answers are true and complete to the best of my knowledge.

Applicant
Signature: _____ Date: _____

Further, I hereby authorize the Onondaga Hill Volunteer Fire Department and its designated agents and representatives to conduct a comprehensive review of my background, causing a consumer report and/or investigative report to be generated for volunteer firefighting purposes. I understand that the scope of the consumer report and/or investigative report may include, but is not limited to the following areas: verification of social security number, credit reports, current and previous residences, employment history, education, background, character references, drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state and county jurisdictions, driving records, birth records, and any other public records. I also understand that as long as I remain a volunteer with the Onondaga Hill Volunteer Fire Department, I may be subject to repeated background checks at any time.

I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to the Onondaga Hill Volunteer Fire Department or its agents. I further authorize the complete release of any records or data pertaining to me to which the individual, company, firm, corporation, or any public agency may have, to include information or data received from other sources. The Onondaga Hill Volunteer Fire Department and its designated agents and representatives shall maintain all

information received from this authorization in a confidential manner in order to protect the applicant's personal information including, but not limited to , addresses, social security numbers, and dates of birth.

I hereby affirm that my answers to the foregoing questions are true and correct and that I have not knowingly withheld any fact or circumstance that would, if disclosed, affect my application unfavorably. I understand that any false information submitted in this application may result in my discharge.

Review of the information gathered from the background check authorized by the undersigned shall comply with New York State Correction Law Article 23-A regarding licensure and employment of persons previously convicted of one or more criminal offenses .

Applicant
Signature: _____ Date: _____

Restricted Active Members (Age 14-18)

PARENTAL CONSENT

My son/daughter, _____, has my permission to be a Junior Firefighter with the Onondaga Hill Volunteer Fire Department. I give my consent to allow _____ to be a Junior Firefighter and do not hold the Onondaga Hill Volunteer Fire Department responsible for any actions caused by my son/ daughter that is not under the direction of an Officer.

VI. CONTRACT OF UNDERSTANDING

I and my son/daughter understand that Junior Firefighters serve as supporters of the Onondaga Hill Volunteer Fire Department ("OHFD") to learn the basics of firefighting and to prepare, if desirable, to become a full member at the age of 18. I and my son/daughter understand that Junior Firefighters are to follow all instructions from members of the OHFD and that the general standard of conduct is to act in the manner of a professional. I and my son/daughter understand that he/ she is expected to be courteous and respectful of other members (Junior and Regular) and to all citizens as they are representing the Onondaga Hill Volunteer Fire Department. I and my son/daughter understand there is a "zero tolerance" policy regarding drug and alcohol use. I and my son/daughter understand that by signing this Contract of Understanding we are declaring that any violation of the guidelines is grounds for immediate dismissal.

Junior Firefighter Signature and Date

Parent/Guardian Signature and Date

ONONDAGA HILL FIRE DEPARTMENT

Reference Check and Consent

Having applied for membership in the Onondaga Hill Fire Department, I authorize and consent to your providing the Onondaga Hill Fire Department with the information included in this form. You have my permission for disclosure in fulfilling the provisions of all applicable regulations.

Applicant: Please fill out only this information.

Name: (please print)	
Date:	
Applicant's Signature:	

The above named applicant has listed you as his/her acquaintance. All responses will be kept confidential.

CONFIDENTIAL

How long have you know the above person? ____/____/____ To: ____/____/____
Month Day Year Month Day Year

How would you rate the above persons attitude?
Excellent Good Average Unacceptable

How would you rate the above persons dependability?
Excellent Good Average Unacceptable

Do you think this person would make a good volunteer? _____

Why would you recommend the above to be a volunteer firefighter? _____

Comments: _____

Name: _____
Address: _____
Phone: _____

Signature: _____ Date: _____

(315) 492-1778 Telephone
(315) 492-1542 Fax

4831 Velasko Road
Syracuse, NY 13215

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Applicant: Please fill out only this information.

Name: (please print)	_____
Date:	_____
Applicant's Signature:	_____

The above named applicant has listed you as his/her acquaintance. All responses will be kept confidential.

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For Fire Department Use Only

Report from the Membership Committee

Date of Interview: _____

Report from Membership Committee:

Committee Members Signature:

_____ Date: _____
_____ Date: _____
_____ Date: _____

3. Report from the Monthly Membership Meeting:

Yes Votes _____
No Votes _____
Abstained _____
Date of Meeting: _____

4. Report from the Town Board:

Sent to Town Date: _____
Accepted Date: _____
Rejected Date: _____



The Town of Onondaga is the sponsor and administrator of a Length of Service Award Program (known as a "LOSAP") for Active Members of the Onondaga Hill Fire Department. Firefly Admin Inc. assists the Town with the administration.

In order to participate in the LOSAP and earn a benefit, you must be over age 18 and earn 50 points under the Point System in a calendar year. With this New Member Form, you have been provided with a Beneficiary Designation Form, a copy of the Point System and the Plan Summary. The Plan Summary will give you details about the benefits you can earn, the vesting schedule, and other important details. Please read it carefully. These documents can be accessed on-line at: fireflyadmin.com/OHFD34038.

Completing this form does not mean you will be eligible for a benefit from the Program. However, since the purpose of the LOSAP is to provide cash payment once certain eligibility requirements are met, the Town must receive all the information requested on this form. If you do not wish to participate in the LOSAP you may waive your right to participate; contact the Fire Department or Town for that form or obtain one at the web address noted above. The Town Board will not approve your application for active membership without a completed New Member Form and a completed Beneficiary Designation Form, or a Participation Waiver.

All information provided will be used by the Town and Firefly Admin Inc. for the exclusive purposes of the LOSAP. Your personal information will not be released to any third party unless we are required to provide some or all of it to the IRS or the financial institution which will pay LOSAP benefits to you or your beneficiary, or if you authorize the release of the information.

Any questions relating to the Program should be directed to the Town Clerk or the Fire Department. Please **PRINT** clearly and keep a copy for your records.

1. New Member Information

Name: _____ SSN: _____

Mailing Address: _____

Birthdate: _____ Start/Join Date: _____

Phone: _____ Email: _____

If you were formerly a volunteer firefighter in one of the eight Town Fire Departments, please enter the Fire Dept. and dates of service: _____

2. Acknowledgement

I hereby certify that: (1) the information I provided above is true and accurate; (2) I have received the Plan Summary and Point System; (3) I agree to participate in the LOSAP in accordance with the Plan Summary, Point System, and other governing documents, rules, and laws; (4) no tax or legal advice has been given to me by either the Town of Onondaga or Firefly Admin Inc. regarding my participation in the LOSAP; and (5) I accept the responsibility to seek my own tax and legal advice regarding the possible cash payment(s) I may receive after meeting the eligibility requirements.

Participant signature

Print name

Date



IMPORTANT INFORMATION REGARDING THIS FORM

This form is used to designate the individual(s) you wish to receive any benefit that may be payable from the LOSAP upon your death. New York State General Municipal Law stipulates that if no beneficiary is named, or if you outlive all your beneficiaries, death benefits must be paid to your estate. Completing this form does not mean a death benefit will be payable.

This beneficiary form will supersede any previous designation. Therefore, if you want to add or delete a beneficiary, you must fully complete this form with all beneficiaries you wish to designate. Before naming your estate or a minor child as a beneficiary, it is strongly suggested that you seek legal advice.

The percentage allocated to each beneficiary within a class (primary and contingent) must add to 100%. If it does not, this form will not be valid, and you must complete a new form.

Return the completed form to the Town of Onondaga Town Clerk and keep a copy for your records.

Please **PRINT** clearly, using only blue or black ink (not pencil or other color).

Participant Information

Name: _____ SSN: _____

Mailing Address: _____

Birthdate: _____ Phone: _____ Email: _____

Designation of Primary Beneficiary(ies). I hereby name the following beneficiary(ies) to receive the percentage I have inserted below of any death benefit payable on my behalf. If any, but not all, of the primary beneficiaries designated predeceases me, the total benefit will be paid to the surviving primary beneficiaries in proportion to the respective percentages I have inserted below.

%	Full Name	SSN	Address	Birthdate	Relationship

Designation of Contingent Beneficiary(ies). If all of the designated primary beneficiaries die before I do, I hereby name the following beneficiary(ies) to receive the percentage I have inserted below of any death benefit payable on my behalf. If any, but not all, of the contingent beneficiaries designated predeceases me, the total benefit will be paid to the surviving contingent beneficiaries in proportion to the respective percentages I have inserted below. If I outlive all named primary and contingent beneficiaries, any benefit payable should be paid to my estate.

%	Full Name	SSN	Address	Birthdate	Relationship

This form must be signed and dated to be valid. Please print and sign your name where indicated.

Print Name: _____ Signature: _____ Date: _____



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Membership Committee Check-Off List

1. Application to perspective member _____
2. Application returned to Department _____
3. Background check returned _____
4. Arson check returned _____
5. Observation dates _____
6. Copy of Driver's License obtained _____
7. Interview date _____
8. Interviewed by _____
9. Committee comments _____
10. To membership for vote _____
11. To Town of Onondaga _____
12. Probation Period Started _____
13. Probation Period Ended _____