



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 7 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 Worked _____ Days Worked: _____

Additional Comments:

Employer _____ Address: _____

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

Hours Worked _____ Days Worked: _____

Additional Comments:

Employer _____ Address: _____

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

Hours Worked _____ Days Worked: _____

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 2 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, BPG/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: _____

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