

Interlaken Volunteer Fire Department

Application for Membership

Dear Applicant,

The prerequisites for joining the Interlaken Vol. Fire Department are:

1. Must be at least 16 years of age.
2. A resident of the Village of Interlaken or Interlaken Fire District or a bordering Fire District (except former members), and a citizen of the United States of America
3. be in good general health

The application must be filled out completely. Any questions left blank could cause the application to be rejected. Please print clearly in blue or black ink. The completed application must be signed and cosigned by parent or guardian if you are under the age of 18 in order to be accepted by this organization.

Just a few points for you to consider before you decide to become a member of this department.

- A) A physical examination may be required of you. This examination will be done by the Fire District's physician and will be of no cost to you.
- B) Any misrepresentations or fraudulent information given to us during your investigations, either written or verbal, will result in the immediate rejection of your application.
- C) Please read the copy of the Constitution and By-Laws and Member Handbook carefully, as by signing this application you are agreeing to follow them.
- D) You should also discuss the commitment that you are thinking about taking with your immediate family. Becoming a volunteer firefighter can significantly affect your lifestyle. You and your family should be prepared for this change.
- E) A 6 month probationary period is required of all new members.
- F) Once you are accepted into the department, you will be issued a pager and other equipment as they become available and your training progresses. All fire/EMS calls are announced over that pager.
- G) If you have any questions about this material or any other matters, please feel free to contact any company officer.
- H) By New York State law a background check must be done for any convictions relating to Arson. An attached form must be signed to authorize this investigation which is done by the Seneca County Sheriff's Office.
- I) If you want to be a driver, a background check will be done by our insurance carrier through the DMV.

There are plenty of opportunities to be involved in the business of emergency services. Whether it's raising a ladder to a window, performing CPR on a patient, raising funds for more equipment or working the administrative side - there's a place for virtually everyone in the volunteer fire and emergency services. Thank you for your interest in the Interlaken Vol. Fire Department. We look forward to hearing from you soon.

The Members of the Interlaken Vol. Fire Department

Interlaken Volunteer Fire Department Application

DATE _____

NAME _____ PHONE _____

ADDRESS _____ ZIP CODE _____

I AM 18 OR OLDER _____ IF NOT PLEASE PROVIDE YOUR BIRTH DATE _____

16 - 17 OF AGE

1. Requires signed permission of parent or guardian to join the Fire Company and participate in Interlaken Vol. Fire Department's training and emergency response activities.
2. Will not use participation in any Company or District activity as an excuse to drive after 9:00 p.m. on a Junior Operators License. The Company will not be responsible for or tolerate any violation of this provision.
3. Will not be permitted to drive any District apparatus. When riding on fire apparatus, they will ride in the enclosed cab area of the apparatus.
4. Will not enter a burning building, hazardous environment or other dangerous area except as part of a training exercise and then only under the direct supervision of a Company Officer.
5. Will not be issued a blue light card until their 18th birthday.
6. During the times that they are expected to be in school they will not participate in any training sessions, drills, parades, or any emergency calls. Violations of this rule may result in their immediate dismissal from the Company.
7. Participation in any Company activity is not an excuse for any missed assignments or deadlines. Violations of this rule may result in my immediate dismissal from the Company or District.
8. Are not permitted in the firehouse with a visitor or guest unless supervised by another firefighter over 18 years of age.

HAVE YOU EVER BEEN A MEMBER OF A VOLUNTEER FIRE DEPT. OR ANYDEPT.? _____

IF YES list

_____ Department Name	_____ Dates of Membership	_____ Contact Name & Phone # for Verification
_____ Department Name	_____ Dates of Membership	_____ Contact Name & Phone # for Verification
_____ Department Name	_____ Dates of Membership	_____ Contact Name & Phone # for Verification

Note: Contact(s) must be a current Chief or President or Secretary. A current letter of transfer is acceptable prove of member

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LIST ANY FIRE/EMS TRAINING YOU HAVE RECEIVED _____

ADDITIONAL QUESTIONS:

YES___ NO___ Were you ever discharged from any Fire/EMS/Rescue Department?

YES___ NO___ Did you ever resign from any Fire/EMS/Rescue Department rather than face discharge?

YES___ NO___ Did you ever receive a discharge from the Armed Forces of the United States which was other than "Honorable" or which was issued under other than honorable conditions?

YES___ NO___ Have you ever been convicted of any crime (felony or misdemeanor)

You may answer "No" concerning any criminal proceeding that terminated in your favor, per section 160.50 of the New York Criminal Procedure Law; any criminal proceeding that terminated in a "youthful offender adjudication", as defined in section 720.35 of the New York Criminal Procedure Law; a conviction that has already been sealed by the court, per section 160.55 or 160.58 of the New York Criminal Procedure Law.

YES___ NO___ Are you now under charges for any crime?

If you answered "YES" to any of the above questions, please explain on a separate sheet. None of the above circumstances represents an automatic bar to membership. Each case is considered and evaluated on individual merits

OPTIONAL – LIST ANY OTHER SKILLS THAT MAY BE OF BENEFIT TO THE DEPARTMENT

(Examples – electrician, carpenter, engineering, book keeping, computer, etc)

WHAT AREAS OF THE FIRE SERVICE ARE YOU INTERESTED IN?

FIRE FIGHTING

EMS

ADMINISTRATIVE

FUND RAISING

OTHER _____

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DECLARATION BY APPLICANT

I, _____ DO HEREBY APPLY FOR MEMBERSHIP TO THE INTERLAKEN VOL. FIRE DEPARTMENT. I AUTHORIZE AN INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION THAT MAY BE NECESSARY IN ARRIVING AT A DECISION. I FURTHER AGREE TO ATTEND ALL REQUIRED SCHOOLS FOR PROBATIONARY FIREFIGHTERS WITHIN MY FIRST YEAR OF MEMBERSHIP. I UNDERSTAND THAT I WILL BE SUBJECT TO DISMISSAL FOR ANY BREACH OF ITS RULES. I HEREBY REPRESENT THAT ALL STATEMENTS MADE HEREIN ARE TRUE. ANY FALSE INFORMATION OR STATEMENTS MADE ON THIS APPLICATION ARE GROUNDS FOR IMMEDIATE DISMISSAL OR DISQUALIFICATION FOR MEMBERSHIP IN THIS FIRE DEPARTMENT. STATE OF NEW YORK, COUNTY OF SENECA, VILLAGE OF INTERLAKEN

DECLARATION BY PARENT/GUARDIAN (required if under 18)

I, _____ (parent/guardian), ON _____ (DATE) PROVIDE PERMISSION FOR _____ TO JOIN THE INTERLAKEN VOL. FIRE DEPARTMENT AND PARTICIPATE IN THE DEPARTMENT'S TRAINING AND EMERGENCY RESPONSE ACTIVITIES. I AUTHORIZE AN INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATIONS MAY BE NECESSARY IN ARRIVING AT A DECISION.

TO BE COMPLETED BEFORE FINAL PROCESSING:

THE APPLICANT HAS RECEIVED

	APPLICANT INITIALS	MEMBERS NAME	DATE GIVEN
STATION TOUR	_____	_____	_____
BY-LAW/ CONSTITUTION REVIEW	_____	_____	_____
HANDBOOKREVIEW	_____	_____	_____

NOTE: FOR APPLICANTS UNDER 18 YEARS OF AGE PARENT OR GUARDIAN ARE TO CO-INITIAL THE ABOVE

ARSON BACKGROUND CHECK
(CHIEF TO INITIAL AND DATE) APPROVED _____ DISAPPROVED _____

APPLICATION SIGNED OFF BY:

1. _____ CURRENT OFFICE _____
2. _____ CURRENT OFFICE _____
3. _____ CURRENT OFFICE _____

APPLICATION FOR MEMBERSHIP WAS

APPROVED _____ DISAPPROVED _____ DATE _____