

Town Line Volunteer Fire Department

Membership Application



Name: _____

Town Line Volunteer Fire Department, Inc.

*6507 Broadway
Lancaster NY 14086
(716) 683-0385*

Dear Prospective Member:

Thank you for your interest in becoming a member of the Town Line Volunteer Fire Department, Inc. We have been a proud and well-respected part of this community since 1921.

The following items are just a few points for you to consider before you decide to become a member of this Fire Department.

1. The Town Line Volunteer Fire Department, Inc. responded to over 850 alarms in 2019. We provide emergency response (fire, motor vehicle accidents, and emergency medical services) to the Towns of Lancaster and Alden. You will be required to respond to at least 10% of the alarms each year.
2. Training takes a very high priority in this department. We invest a great deal of time in training our new members and we need total commitment from them. Normal training sessions are held on Monday nights from 7PM to 9PM. For daytime members, training is scheduled based on the availability of members. You will be required to attend a combination of at least 12 drills or outside training, with a minimum of 6 in-house department drills.
3. You will be expected to attend department meetings, which are held on the first Monday of each month. The meeting minutes will be made available for those that are not in attendance.
4. A one-year probationary period is required for all members. An additional period may be required in the event that your minimum requirements have not been satisfied.
5. The Town Line Volunteer Fire Department awards its members for their participation as an active member of the fire department with a Service Award Program. This program will earn you monies for each year of service attained by you and distributed monthly when you reach 62 years of age. You must accumulate 50 points for each year in order to receive service credit for that year. More information will be given to you upon acceptance into the department.
6. You should discuss this commitment that you are thinking about making with your immediate family. Becoming a volunteer firefighter can affect your lifestyle, and you and your -family should be prepared for this change.

Thank you and we look forward to processing your application to become a member of the Town Line Volunteer Fire Department.

Regards,

Jennifer M. Broska
President & CEO

**TOWN LINE VOLUNTEER FIRE DEPARTMENT, INC.
MEMBERSHIP APPLICATION**

The prerequisites for joining the Town Line Volunteer Fire Department, Inc. are:

1. You must be at least 16 years of age
2. You must be in good general health in order to perform rigorous firematic duties.

This application must be filled out completely. Any questions left blank could cause the application to be rejected. If you are under 18 years of age, a parent or legal guardian must also sign this application.

After your application is returned and processed, you will be contacted for a personal interview with the Membership Committee. It will be explained to you exactly what is expected of the members of the Town Line Volunteer Fire Department. You will be asked questions pertaining to your prospective membership and are encouraged to ask as many questions as you like. This will be an opportunity for you to obtain a better understanding of what it is like to be a volunteer firefighter.

If accepted for membership by the Town Line Volunteer Fire Department, a physical examination is required. This examination must be done by the Fire Department's physician and will be of no cost to you. You must pass this physical in order to be obligated into the Fire Department. The Membership Committee will explain this in more detail during your interview.

Any misrepresentation or fraudulent information given to us during this application process, either written or verbal, will result in the immediate rejection of your application.

The Town Line Volunteer Fire Department does not discriminate based on race, sex, age (except for minimum of 16 years of age), sexual orientation, or creed. The Town Line Volunteer Fire Department, Inc., reserves the right to accept or reject any application for any reason exclusive to the above.

Thank you for your interest in the Town Line Volunteer Fire Department. We look forward to your joining us soon! If you have any questions, please feel free to contact Vice President/Membership Committee Chairman Rich DeVries at 716-683-0385 ext 110.

MEMBERSHIP APPLICATION

Application Date: _____

1. _____
(Last Name) (First Name) (Middle Initial)

2. _____
(Address) (Apt. #)

3. _____
(City/Town/Village) (State) (Zip Code)

4. Telephone: Home: (____) _____ Cellular: (____) _____

5. Email Address: _____ Social Security Number: _____

6. How long have you resided at the above address? Years: _____ Months: _____

7. How long have you resided in New York State? Years: _____ Months: _____

8. Are you 18 years of age or older? Yes: _____ No: _____ If no, state your age: _____

9. Is additional information about a change in your name or your use of an assumed name or nickname necessary to enable a check of your eligibility for membership? Yes _____ No _____

If yes – Please explain: _____

10. Are you currently employed? Yes _____ No: _____

If yes, give employer information below. May we contact your employer as a reference? Yes _____ No _____

Name of Company _____

Address _____ Telephone _____

Position Held _____

11. Do you have a valid New York State Driver's License? Yes _____ No _____

12. Please indicate your availability to participate in normally required fire department activities (alarm response, drills, meetings)

Please check appropriate time periods.

Weekdays: Days _____ Evenings _____ Nights _____

Weekends: Days _____ Evenings _____ Nights _____

13. Have you previously been a member of a Fire Department? Yes _____ No _____

If yes, please provide name and address of agency. In addition, please provide written confirmation from your previous department stating you are no longer a member. **Your application will not be processed without this confirmation.**

Name of Agency: _____

Address: _____ Telephone: _____

Contact Person: _____ Title: _____

Date Left: _____

14. Please list any Firematic Courses you have completed:

Course Name	Year Completed

15. Do you have any Emergency Medical training?

Course Name	Year Completed	Is Certification Current?

16. Being a member of this department has many facets. This section is to give the department a general idea of your interest. As training progresses, it is understood that these interests may change. Please check all that apply.

Engine Company Operations Yes _____ No _____

Ladder Company Operations Yes _____ No _____

Emergency Medical Service Yes _____ No _____

Parades Yes _____ No _____

Committee Work Yes _____ No _____

17. Have you ever been convicted of or pled guilty to a felony, misdemeanor, insurance fraud, arson, or a reduction to one of these offenses? Yes _____ No _____ If yes, please give details in the section entitled Additional Information.

18. Please list the names of any acquaintances that are members of this department.

19. OSHA regulations require you to pass a physical examination before becoming a firefighter. The department’s designated physician will provide you with a free medical exam.

Will you be willing to undergo a medical examination including routine drug screening? Yes _____ No _____

ADDITIONAL INFORMATION

Please use the below space to include any additional information you deem pertinent to your application for membership.



LANCASTER POLICE DEPARTMENT

525 Pavement Road
Lancaster, NY 14086

Tel: (716) 683-2800
Fax: (716) 681-2352

Chief of Police
William J. Karn, Jr.

Background Check Release Form for Employment and/or Membership

Town Line Fire Department

Requestor Name _____ Title _____
(Print)

Signature of Requestor _____

(To be completed by applicant)

I, _____, authorize the Lancaster Police Department
(PRINT NAME)
to conduct a background check for purposes of membership to the above indicated organization to include
but not limited to local arrest record and driver's license history.

Name: _____
Last First Middle Jr./III

List all names you have previously been known as;

Street address: _____ Apt _____

City/Town: _____ State _____ Zip _____

Previous Address (If less than 5 years) _____

Date of Birth: _____ Driver's License # _____ State: _____

Date: _____ Signature of Applicant: _____

Notary Public _____ Affix Stamp

Lancaster Police Department Use Only

_____ This person (has) / (does not have) Vehicle & Traffic Violations on file.
Circle One

_____ This person (has) / (does not have) an Erie County New York arrest record.
Circle One

_____ Other: _____

Signature: _____ Title: _____

Date: _____

Applicant Statements

WITHIN THE FREEDOM OF INFORMATION LAW, ALL INFORMATION CONTAINED/OR OBTAINED HEREIN WILL REMAIN CONFIDENTIAL AND WILL BE USED ONLY FOR INTERNAL MEMBERSHIP PROCESSING.

"I hereby make application to become a member of the Town Line Volunteer Fire Department, Inc., I promise cheerful compliance to all laws, rules, and regulations of said department and pledge myself to respond to alarms and attend training and department meetings. I understand that I will undergo a probationary period of at least one (1) year after becoming a member and thereafter live up to all obligations of an active firefighter. I also pledge strict and prompt obedience to the orders of the chief and his duly constituted assistants when at fire or drills. I will also complete the New York State Basic Exterior Firefighter Operations Course or the New York State Interior Firefighting Operations Course (prior equivalent courses must be approved by the Chief) and the Town Line Volunteer Fire Department Entry Level 1 Training Course during my first eighteen (18) months of membership".

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: _____

If you are under 18 years of age, this application must also be signed by a parent or legal guardian.

Parent/Legal Guardian Signature: _____ Date: _____

In addition to the Criminal Background Check sent to the Lancaster Police Department, the Town Line Volunteer Fire Department will also submit an Arson Background Check and Registered Sex Offender Check to the Erie County Sheriff's as required by New York State Law. Your signature below serves as authorization for us to conduct this check.

Applicant Signature: _____ Date: _____

PRIVACY NOTIFICATION

Section 94 of the Public Officers Law (Personal Privacy Protection Law) required that you be notified of the following facts when information which will be maintained in a record system is collected from you.

The authority to request and confirm personal information from 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 personnel file (if you become a member of this fire department) or in our resume file for six months (if you do not become a member of this department)

Failure to provide the information requested will result in your application not being considered for membership.

The information in this application will be maintained by:

Department Record Officer
Town Line Volunteer Fire Department, Inc.
6507 Broadway, Lancaster, New York 14086

-- THIS SHEET FOR FIRE DEPARTMENT USE ONLY --

1. Application Received (date): _____
2. Confirmation of Resignation from Previous Department Received (if applicable) (date): _____
3. Criminal Background Check Sent to Lancaster Police (date): _____
4. Arson Background Form Sent to Erie County Sheriff (date): _____
5. Criminal Background Check Received from Lancaster Police (date): _____
6. Arson Background Form Received from Erie County Sheriff (date): _____
7. Notification to Applicant for Interview Date: _____
8. Interview Date: _____

Membership Committee Approval (at least three committee members must be present to conduct interview)

Yes _____ No _____

Sign: _____ Date: _____

Sign: _____ Date: _____

Sign: _____ Date: _____

Sign: _____ Date: _____

Sign: _____ Date: _____

9. Applicant Vote on (Meeting date): _____ (enter number of votes each) - Yes _____ No _____
 10. Letter sent to Lancaster Town Board for Approval (date) _____
 11. Letter sent to applicant with Occustar Physical Authorization Letter (date) _____
 12. Resolution Received from Town Board (date) _____
 13. Results Received from Occustar (date): _____ Pass _____ Fail _____
- Chief Signature to confirm receipt: _____
14. Applicant Notified on Membership Approval: (date) _____
 15. Applicant Obligated: (Meeting date): _____

Department ID Assigned (enter ID): _____ Member Information Entered into BDD (date): _____