

Rapids Volunteer Fire Company

E-Mail Address: general@rapidsvfc.com

Website: www.rapidsvfc.com

FIRE STATION #1

7195 Plank Road
Lockport, New York 14094
(716) 434-4502
(716) 434-4347 Fax



FIRE STATION #2

6131 Old Beattie Road
(716) 434-6506

New Member Application Procedure

The following is the procedure to be followed for all new applicants for active and junior firefighter membership in the Rapids Volunteer Fire Company, Inc.

The person to be considered for membership is given an application. Once the application is completed, the applicant turns in the application, state-wide arson background check, a copy of his/her driver's license, a copy of a high school diploma or GED (if applicant is under twenty-one years of age), the five dollar entry fee, five dollar key fee, and a copy of any certifications that that applicant currently holds to any member of the fire company so that it may be forwarded to the President.

Once received by the President the Arson Background Check will be forwarded to the Chief whom will sign it and submit to the Niagara County Fire Coordinator's Office. The application will be held until the Arson Background Check has come back clear and returned to the President. This process may take several months depending upon the state.

Once the President has all of the required paperwork, the President will give the said paperwork to the Rapids Volunteer Fire Company Review Committee. Review Committee meetings take place at the next most applicable time of the committee and the applicant. The applicant will attend the meeting and go through an "interview" process. The applicant is advised of as many aspects of what membership entails, including, but not limited to: annual requirements for physicals, point requirements, and any other requirements that members must meet to maintain membership. The applicant is also advised of all of the benefits of membership and is given a tour of the fire hall. After the meeting, the applicant's references are contacted, and if current members know the individual, they are encouraged to share what they know.

The applicant is introduced to the membership at the next monthly meeting and the application fee if given to the Treasurer. The Review Committee shares the information obtained during their meeting with membership. The applicant is then told he or she will be contacted by review committee after meeting to advise them of their status. Once accepted by the membership, the applicant will contact Occustar Workplace Compliance, LLC., located at 4267 Transit Rd. in Williamsville, at 716-204-0798 to schedule a physical required by OSHA. This physical is paid for by the Fire Company. Once completed, the results will be forwarded to the Town Board, and at the Town's next meeting, the applicant will be officially accepted into the Fire Company.

Successful applicants are then contacted by the Chief and are issued turnout gear and any other necessary equipment.

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Yearly Requirements of an Active Firefighter

MEETINGS: Six (6) per year.

DRILLS: Sixteen (16) per year.

FUNCTIONS: Twenty (20) hours total per calendar year.

CALLS: 5% of overall dispatched calls (Fire & EMS) per calendar year.

Whenever you attend Meetings, Drills, Functions, and Calls, it is your responsibility to sign the point sheet personally. If you fail to do so, you will not get credit for your work.

Any changes in the By-Laws will supersede the above.

I, _____, agree to the above point system and will fulfill the obligations that are required for an active firefighter. If I fail to do so, I may face disciplinary probation and/or possible expulsion from the Rapids Volunteer Fire Company, Inc.

SIGNED: _____ **DATE:** _____

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Membership Application

Personnel File

Name (Last, First, MI): _____ Date: _____

Current Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Date of Birth: _____ Age: _____ Social Security #: _____

Driver's License #: _____ Date of Expiration: _____

Driving Convictions within the last three years? Yes: ___ No: ___ if yes, explain:

Employer: _____ Occupation _____

Business Address: _____ City: _____ Zip: _____

Duration of Employment: _____ Shift Working: _____

Check if you are currently collecting New York State Disability or Compensation Insurance.

Personal References (Not members of Fire Company):

1. Name (Last, First): _____ Relationship _____

Address: _____ City: _____ Zip: _____

Telephone #: _____ Years Known: _____

2. Name (Last, First): _____ Relationship _____

Address: _____ City: _____ Zip: _____

Telephone #: _____ Years Known: _____

3. Name (Last, First): _____ Relationship _____

Address: _____ City: _____ Zip: _____

Telephone #: _____ Years Known: _____

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MEMBERSHIP APPLICATION

Type of Membership Applying for: **Firefighter** ____ **EMS** ____ **Scene Support** ____
____ **Junior Firefighter**

Experience in EMS or Firefighting: Yes ____ No: ____

If yes, Agency/Company: _____ Years: _____

Address: _____ City: _____ State: _____ Zip _____

Telephone #: _____ Contact Person (Title): _____

Did you leave such agency in good standing? _____

If not, please explain: _____

Do you presently hold any of the following?

1. Firefighter 1: _____ Date Course Taken: _____

If yes have you taken Basic or Intermediate Firefighter, please give dates:

2. Basic First Aid Card: _____ Date of Expiration: _____

3. CPR Card: _____ Date of Expiration: _____

4. CFR/EMT/AEMT/Paramedic: _____ Certification #: _____

Date of Expiration: _____

5. Other: _____

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Have you ever been a member of any branch of the United States Armed Forces?

Yes: _____ No: _____ if yes, what branch and dates: _____

If yes, did you receive anything other than an honorable discharge?

Yes: _____ No: _____ if yes, please explain. This is not an absolute bar to membership. This and other factors will effect a final membership decision.

***If more space needed, please attach additional sheets. Please include a copy of your DD-2214 with your application.**

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Have you even been convicted or pled guilty to a felony, misdemeanor, insurance fraud, arson, or a reduced charge of any of these offenses?

Yes: _____ No: _____ if yes, give details on attached sheet.

***Failure to provide correct and accurate information will lead to an immediate rejection of membership.**

Please list the names of any acquaintances that are members of this organization:

I, _____, certify to the best of my knowledge, that all information given is true. I also agree to all aspects of the new membership application procedure.

Signature: _____ Date: _____

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

Sign this form with Review Committee:

In witness whereof, this application has been subscribed this _____ day of _____, year _____ by the undersigned applicant who affirms that the statements made herein are true under the penalties of perjury.

Applicant Signature: _____

Applicant Printed Name: _____

Date: _____

Witnessed Signature: _____

Witness Printed Name: _____

Date: _____

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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 a record system is collected from you. The authority to request and confirm personal information on you is found in Article 6 of the Executive Law.

The information obtained will:

- Be used to determine your qualifications for the position 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 fire company member) or in our resume file for six months (if you are not a fire company member)

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

The information will be maintained by the President of the Rapids Volunteer Fire Company, Inc.

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APPLICANTS AUTHORIZATION FOR RELEASE OF INFORMATION

In order to confirm the information I supplied on my application for membership with the Rapids Volunteer Fire Company, Inc. I authorize all licensing agencies, educational institutions, law enforcement agencies, present and former employers and the military services to disclose their relevant records about me to the Rapids Volunteer Fire Company, Inc. whether the information be of public, private or confidential nature; and, I release them from any liability and responsibility of doing so.

This authorization, in original copy form, shall be valid for this 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.

Applicant Name (Print)

Applicant Signature

Date

Witnessed By:

Name and Title (Print)

Signature

Date