

Dear Applicant,

Thank you for your interest in becoming a member of the West Corners Volunteer Fire Department. Enclosed are the following items:

- Application – please fill out completely and return
- Have reference filled out completely
- Authorization for Release of Information
- Security Sheet
- New Member Investigation Guidelines Sheet
- Authorization of criminal background, and arson check. (This paper will be filled out by the Investigation Committee.)

After receipt of your application with \$5.00 non refundable membership fee it will be read at the next Company meeting. Company meetings are generally on the first Monday of each month. After this first reading, you will be contacted by a member of the Board of Directors for an interview, and all needed paper work will be completed at that time.

Please feel free contact the Fire Prevention Office or Station 1 with any question.

Station 1: 500 Day Hollow Road (607) 785-4185 or the

Fire Prevention Office: also located at 500 Day Hollow Road (607) 748-2088.

Thank you for your interest in our Organization.



West Corners Fire Co. No.1, Inc
500 Day Hollow Road
Endicott, New York 13760

Application for Membership

Applying for: Apprentice (16-18) _____
Firefighter (Over 18) _____
Staff (Fire Police, EMS, Photographer) _____
Auxiliary _____

Date: _____
Name of Applicant: _____

Address of Applicant: _____

Date of Birth: _____
(Optional if over 18, If under must have Date of Birth and a Parent or Guardian co-sign this application)

Telephone: Home (____) _____ Work (____) _____
Cell (____) _____ Pager (____) _____
E-Mail _____

How long have you resided at the above address? _____
How long have you resided in New York State? _____

Is additional information about a change in your name or of the use of an assumed name or
nickname necessary to enable us to check on your eligibility for membership?

If "Yes" give all other names: _____

Are you currently employed? Yes____ No____

If "Yes" give employer information below.

May we contact your employer for a reference? Yes____ No ____

Name of Company: _____

Address: _____



Telephone: (____) _____

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Do you have a valid New York State Driver's License? Yes____ No____

If "Yes" number: _____

Please indicate your previous or current emergency services experience:

Include only Fire, Rescue, Police, and EMS agencies.

Name of Agency: _____ Address: _____

Telephone : (____) _____ Contact Person: _____

Indicate any offices you may have held: _____

Have you ever been a member of the United States Armed Forces? Yes____ No____

If "Yes" did you receive a dishonorable discharge? Yes____ No____ If "Yes", please give details on an attached sheet.

List three personal references, other than members of this Organization, who have known you for at least three years.

Name: _____ Address: _____

Telephone: (____) _____

Name: _____ Address: _____

Telephone: (____) _____

Name: _____ Address: _____

Telephone (____) _____

Please list the names of any acquaintances who are member of this Organization: _____



**West Corners Fire Co. No.1, Inc
500 Day Hollow Road
Endicott, New York 13760**

OSHA regulations require that you pass a physical examination before becoming an interior structural firefighter. The Department's designated physicians will provide you with a free medical examination. (The West Corners Fire District requires you to take the physical before becoming a member. The physical must be completed within 3 months after applying, or membership will be denied.) Will you be willing to undergo a medical examination? Yes____ No____

Applicant's Authorization for Release of Information

In order to confirm the information I have supplied on my application to the West Corners Fire Company, I authorize all licensing agencies, educational institutions, law enforcement agencies, present and former employers, and the military services to disclose their relevant information of public, private, or confidential nature, and I release them from any liability and responsibility from doing so.

This authorization, in original copy form, shall be valid for this and any further information, reports or updates that may be requested.

I understand that this form will accompany requests for official documents and confirmations of my credentials.

Please do not sign this sheet until you meet with the Board of Directors.

Applicant's Name (Print): _____

Applicant's Signature: _____

Parent's Name (If applicant is under 18): _____

Parent's Signature: _____

Board of Director Signature: _____ Date: _____



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500 Day Hollow Road
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Security Sheet

You must provide accurate and complete information in response to the following questions.

Have you been convicted or pled guilty to a felony or misdemeanor? (Include military service convictions or guilty pleas. Do not include arrests without convictions, convictions for minor traffic offenses, or convictions for which a record has been sealed or expunged)

Yes____ No____

Are you currently on parole, probation, work release program, conditional release or serving a weekend sentence as a result of a conviction or guilty plea?

Yes____ No____

Have you been confined (incarcerated) as a result of the court? (Include incarnations resulting from the sentence of military court or similar proceeding. Do not include incarnations where the record has been sealed or expunged.)

Yes____ No____

If you have answered "Yes" to any of the above questions, please provide the following information:

A). The date(s) and place(s) of the offense(s), and charge(s): _____

_____.

B). The location of the court and the sentence imposed or other disposition of the matter as a result of conviction(s) or guilty plea(s): _____

_____.

C). If you have been in prison, the name and location of the facility or facilities in which you served your sentence: _____

_____.



West Corners Fire Co. No.1, Inc
500 Day Hollow Road
Endicott, New York 13760

This sheet is to be filled out by the Fire Company, Board of Directors, and the Fire Commissioners

Company member receiving application and \$5.00 fee: _____ Date: _____

Read for the first time: _____

Application given to Board of Directors (name and date): _____

Comments by Investigating Committee: _____

_____.

Investigation Committee member's signature: _____

Investigation Committee member's signature: _____

Application given back to the Fire Company (name and date): _____

Read for the second time: _____

Fire Company approved: Date _____ President _____

Application given to Fire Commissioners (name and date): _____

Fire Commissioners approved: Date _____ Chairman _____

If disapproved, reason: _____

_____.



West Corners Fire Co. No.1, Inc
500 Day Hollow Road
Endicott, New York 13760

West Corners Fire Company New Member Investigation Guidelines

1. Types of membership
 - A. Active – Includes apprentice 16-18 (see "Apprentice Fireman program")
 - B. Probationary – For your first 6 months you will be a probationary member
 - C. Life – After serving 10 years with the Company you may ask to be moved from active or staff membership to life membership. This is done by a vote by the Fire Company.
 - D. Staff – Photo, Safety, Fire Police, EMS etc, (appointed by Fire Chief)

2. Preliminary Requirements
 - A. Application properly filled out
 - B. Submitted \$5.00 application fee
 - C. Working paper if an apprentice
 - D. Drivers License Verification properly filled out (After you become a member)
 - E. Physical – diagnostic and exam: Call to schedule (note Guidelines for Physicals), Lourdes walk-in at 415 E. Main Street in Endicott number is (607) 785-2460

3. Organization
 - A. Fire District – Taxpayer - elected commissioners decide how tax dollars are spent. The Fire District is in charge of all of the following (building, insurance, equipment, etc.)
 - B. Company officers - President, Vice President, Secretary, Treasurer are all voted into office by the Fire Company membership in the election dinner meeting in December
 - C. Board of Directors – The BOD serves as an advisory board to insure that the affairs of the Fire Company are conducted in the best interest of the Company. The BOD also serves as the nomination and election committee for all Company elections, and prepares a list of all members indicating their eligibility to be nominated for Company or fire officer positions.
 - D. Line Officers – one Fire Chief (operations of the Fire Department), and Two Asst. Fire Chiefs (Training Bureau and Maintenance Bureau), Two Captains (one under each Asst. Fire Chief), and four Lieutenants (Two under each Fire Captain). All Officers are elected by the Fire Company to be in charge of fire duties on and off the fire ground.
 - E. Stations – Station 1 (Headquarter, Central) at 500 Day Hollow Road and

Station 2 at 1230 Campville Road

4. Duties of Active Firefighters

- A. Training – Monday mornings at 0900, Tuesday nights at 1830, and Saturday morning at 0800. All training will start at Station 1 unless told differently.
- B. Training hours – All firefighters are required to do 12 hour of training every 3 months (Quarter)
- C. New Firefighter Training Course – completion within first 6 months in the Company (probationary period)
- D. Turnout Gear – Each person is accountable for all parts of PPE (Personal Protective Equipment) it must be washed a minimum of (2) times a year, and after every fire.
- E. Pager – accountable, pagers are issued according by Seniority
- F. Keys – members are issued key fobs as a key to enter Fire Stations; you are accountable for this fob. If you lose it or it breaks, you are to report it to the Fire Chief immediately.
- G. Blue Lights – Fire Chief issues a permit after probationary period and after member has completed Emergency Vehicle Operator's Course (EVOC)
- H. Alarms – respond to the station you are assigned to by the Fire Chief for assignment. If you are a Station 2 member, between the hours of (06:00-18:00) (Monday through Friday) you are to report to Station 1.
- I. SOG's – (Standard Operating Guidelines) – Fire Department guidelines must be read and understood.

5. Duties of all Members

- A. Company Meetings – first Monday of each month at 2000 at station 1, Except for December's meeting first Saturday of December for elections
- B. Company Events (Ice Cream Social, BBQ, Pancake breakfast, etc) Company events where assistance is required
- C. Dues - \$3.00 per year. Must be paid during the first quarter of the year (Jan through March)
- D. By-laws – Company operation and rules of the organization

6. Station rules and some SOG's

- A. No drugs and/ or alcohol on District Property
- B. Telephone – Official use only, log all outgoing calls.
- C. Car Washing – Station 2 from Nov to March
- D. Guest – (1) per member at a time in the fire house. Guest must leave the station and the grounds during an alarm.
- E. A/C and Heat – Leave A/C at 72°F by the Board of Fire Commissioners and turn heat off when leaving.
- F. Keep the Kitchen and Company rooms clean or they can and will be closed
- G. No food or drink on the pool table or on the shuffleboard table
- H. All Firefighters should review the book of SOG's located in the training room and understand them.

Applicant's Signature

Date

Board of Director Signature

Date

Board of Director Signature

Date

West Corners Fire Co. No.1, Inc
Office of Fire Chief

500 Day Hollow Road Endicott, New York 13760

All applicants must have a criminal background check and an arson check done by the Broome County Sheriff's Department before becoming a member of the West Corners Fire Company.

Please provide the following information to help us.

This is to be filled out at your interview - do not write on this page

Name (Last, First, Middle): _____

Address (Last Known): _____

Drivers License Checked by: _____

Nickname: _____

Alias and/ or Maiden name: _____

Sex circle one: Male or Female Phone Number: (____) _____

Racial Appearance: White Black Am. Indian Japanese Chin. Other

Height: Ft. In.

Date of Birth: Mo_____/Day_____/Year_____

Place of Birth: _____ Age_____

Social Security Number: _____

By signing this form you are confirming that the information you have supplied on this criminal background check/ arson check is correct.

Applicant's Signature: _____ Date: _____

Fire Chief Signature: _____ Date: _____