

Dear Applicant,

Thank you for being so interested in joining the West Corners Volunteer Fire Department. Enclosed are the following items:

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

After your application for the \$5.00 non-refundable membership fee is received, it will be read at the next company meeting. Company meetings are generally held on the first Monday of each month. After this first reading, a member of the Board of Directors will contact you for an interview, and all paperwork needed will be completed at that time. Please feel free to contact the Fire Prevention Office or Station 1 with any questions.

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

Thank you for being interested 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) _____

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 the employer the 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: _____

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 members of this Organization: _____



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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

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 relevant information of a public, private, or confidential nature, and I release them from any liability and responsibility for doing so.

In the original copy form, this authorization 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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This sheet is to be filled out by the Fire Company, Board of Directors, and the Board of 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:



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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. The Fire Company takes a vote.
 - D. Staff – Photo, Safety, Fire Police, EMS, etc. (appointed by Fire Chief)

2. Preliminary Requirements
 - A. Application correctly filled out
 - B. Submitted \$5.00 application fee
 - C. Working paper of an apprentice
 - D. Driver's License Verification adequately filled out (After you become a member)
 - E. Physical – diagnostic and exam: Call to schedule (note Guidelines for Physicals), Guthrie Lourdes Occupational Health- 320 North Jensen Rd Ste 11 Vestal, NY 13850 (607) 251-2170

3. Organization
 - A. Fire District – Taxpayer - elected commissioners decide how tax dollars are spent. The Fire District oversees all the following (building, insurance, equipment, etc.)
 - B. Company officers - President, Vice President, Secretary, and Treasurer are all voted into office by the Fire Company membership in the election dinner meeting in December
 - C. The Board of Directors—The BOD serves as an advisory board to ensure that the affairs of the Fire Company are conducted in the company's best interest. The BOD also serves as the nomination and election committee for all Company elections. It 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 Assistant Fire Chiefs (Training Bureau and Maintenance Bureau), two Captains (one under each Assistant Fire Chief), and four Lieutenants (Two under each Fire

Captain). The Fire Company elects all Officers to charge with 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 start at 1845, and Saturday mornings at 0800. Unless you are told otherwise, all training will start at Station 1.
- B. Training hours – All firefighters are required to do 12 hours of training every 3 months (Quarter)
- C. New Firefighter Training Course – completion within the first 6 months in the Company (probationary period)
- D. Turnout Gear – Everyone 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 to Seniority
- F. Keys—Members are issued key fobs to enter Fire Stations; you are accountable for this fob. If you lose it or it breaks, you must report it to the Fire Chief immediately.
- G. Blue Lights – The Fire Chief issues a permit after the probationary period and after the member has completed the 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 1930 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 SOGs

- A. No drugs and/ or alcohol on District Property
- B. Telephone – Official use only
- C. Car Washing – Station 2 from Nov to March
- D. Guest – (1) per member at a time in the firehouse. Guests must leave the station and the grounds when an alarm rings.
- E. A/C and Heat – Leave A/C at 72°F by the Board of Fire Commissioners and turn the 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 the shuffleboard table

H. All Firefighters should review the book of SOGs located in the training room and understand them.

Any equipment issued to members remains the property of the West Corners Fire District and/or Fire Company. Applicants agree that they will promptly return any equipment in their possession upon the termination of their membership or as directed by the Fire District or Fire Company and acknowledge that the failure to do so may result in criminal and/or civil proceedings against them.

Applicant's Signature

Date

Board of Directors Signature

Date

Board of Directors 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 West Corners Fire Company member. Please provide the following information to help us.

Name (Last, First, Middle): _____

Address (Last Known): _____

Driver's License Number _____ Checked By: _____

Nickname: _____

Alias and/ or Maiden name: _____

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

Racial Appearance (Circle one): White, Black, Indian, Asian, Unknown, Other

Ethnicity (Circle one): Hispanic, Not Hispanic, Unknown

Height: Ft. In. Weight _____ lbs. Eye Color: _____ Eye Color: _____

Date of Birth: Mo _____ / Day _____ / Year _____ Age _____

Place of Birth: _____ Social Security Number (last four): _____

Employer: _____ Occupation: _____

Employer Address: _____

By signing this form, you confirm that the information you supplied on this criminal background/ arson check is correct.

Applicant's Signature: _____ Date: _____

Fire Chief Signature: _____ Date: _____