



SOUTH ONONDAGA

FIRE DEPARTMENT, INC.

3130 Cedarvale Rd., Nedrow, NY 13120-9721 Phone: 315/492-1147

MEMBERSHIP APPLICATION

(please read attached letter)

Name: _____ Date of Birth: _____
Address: _____ City: _____ State: _____ Zip: _____
Telephone: Home: _____ Work: _____ Cell: _____
Email Address: _____
Driver's License No: _____ Social Security No.: _____
Employer: _____ Occupation: _____
Next of kin: _____ Telephone: _____
Emergency Contact Name: _____ Telephone: _____
Membership Choice: Active: _____ Restricted Active (RAM): _____ Auxiliary: _____ Social: _____
Do you know any current SOFD members: Yes _____ No _____; Who: _____

Personal Medical History: You will need to provide the Department with the results of a physical examination completed within the past 3 months or within 3 months of being accepted into the membership.

Have you been a member of, or are currently a member of, any other Fire Department? _____

If yes, please submit a letter from that department stating so (include any offices held).

Fire Training: List all training courses and dates completed (provide copies of certificates):

> _____

Medical Training (Submit copies of cards): _____ CPR _____ First Aid _____ First Responder
_____ EMT _____ EMT-D _____ AEMT-I _____ AEMT-CC _____ AEMT-P _____ Other (list) _____

Why do you want to be a member of the South Onondaga Fire Department? _____

> _____

Have you ever been convicted of a job-related felony? _____ Yes _____ No; If yes, describe: _____

> _____

If accepted as a member of the South Onondaga Fire Department, I agree to abide by their Standard Operating Procedures and By-Laws.

I further authorize the South Onondaga Fire Department to investigate my background including, but not limited to, my driving and criminal records.

I hereby certify that all the information presented is true to the best of my knowledge, and that any attempt to falsify the enclosed information or mislead the Membership Committee will result in the immediate rejection of this application and/or expulsion from the South Onondaga Fire Department. I also agree to hold the Department as well as the officers and membership of the South Onondaga Fire Department, blameless in the rejection of the application regardless of the reason for which it is rejected.

Applicant's

Signature: _____ Date: _____

Witness Signature: _____ Date: _____



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Dear Applicant:

You have taken the initial step. You are showing an interest in your neighbors and community. Please take your time to fill out our application completely.

It is important to us that you understand the Membership Application process. We hope that the following information will alleviate any questions about your prospective Membership.

You must be sixteen (16) years of age; however, 16- and 17-year olds must join as Restricted Active Members (RAMs). Social members are not required to adhere to "Active Member" requirements but are expected to provide assistance to Department functions and/or activities.

You do not need a driver's license. In order to drive a South Onondaga Fire Department vehicle, you must be eighteen (18) years old, possess a current driver's license, and fulfill the requirements of the Department.

If you have been a member of any other fire department, please include a letter from that department(s) stating the duration and any offices held. If you completed any state fire courses, also attach copies of certificates and other documents to this Application. If you hold current certification in the EMS field, please bring your original cards to the interview so we may copy them for your records.

Please list three (3) references below and have these individuals complete the attached "Personal Reference Forms" to be submitted to the Department (don't include relatives and SOFD members).

- 1) Name: _____ Phone: _____ How long known: _____
Address: _____ City: _____ State: _____ Zip: _____
- 2) Name: _____ Phone: _____ How long known: _____
Address: _____ City: _____ State: _____ Zip: _____
- 3) Name: _____ Phone: _____ How long known: _____
Address: _____ City: _____ State: _____ Zip: _____

When you return your completed application and the attached three reference forms are received, a representative of the Membership Committee will contact you for an interview. During the interview we will attempt to familiarize you with our organization and answer any questions that may arise. If you are under eighteen (18) years of age, we require a parent or guardian accompany you and co-sign the Membership Application.

After your interview, your application will be presented to the membership at the next regular business meeting, held on the second Monday of each month, and, if accepted, then submitted to the Town Board of the Town of Onondaga. If you have not received notification of your acceptance within fourteen (14) days following the Department meeting, please contact one of the members that conducted your interview. Following Town approval, you then will be contacted for orientation. All accepted applicants will be on a three (3) month probation. At the end of that time the chief and line officers will review your status.



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PERSONAL REFERENCE FORM

The following individual has submitted an application for membership in our volunteer fire department. He/she has listed you as a reference. We would appreciate your time in filling out this form for us. The applicant may return the form to us, or if you prefer, you may forward the completed form to the above address in care of the Membership Committee.

Applicant's Name: _____

What is your relationship with the Applicant? (i.e. friend, neighbor, employer, etc.)? _____

Do you feel this Applicant will be an asset to our Fire Department? _____ Please explain: _____

Do you have any concerns in regard to this individual's membership to our organization? _____

If Yes, please explain: _____

> _____

> _____

> _____

The information you have given is strictly confidential. The reference will not be seen by the Applicant should you desire. You may choose to forward this Personal Reference Form to us at the above address, or return it with the Applicant. If you choose to forward the form with the Applicant, we can not insure strict confidentiality.

Do you wish the information enclosed to be viewed by the Applicant? _____ Yes _____ No

We thank you for your cooperation in this application process. We will contact you should we need any further clarification.

Name: _____ Phone: _____

Address: _____



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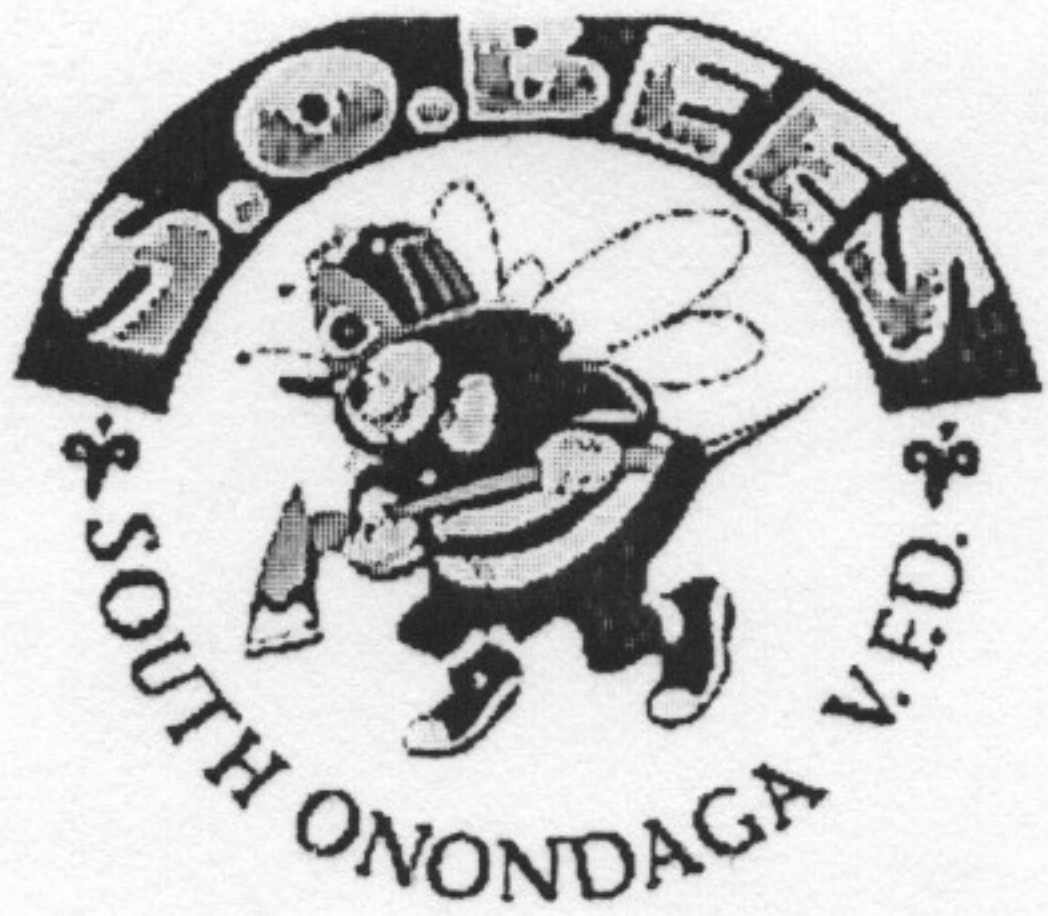
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