

Orchard Park Fire District New Member Application

Application Checklist:

Applicant Name: _____

Hillcrest Fire Company

Orchard Park Fire Company

Windom Fire Company

Fire Only

EMS Only

Fire & EMS

Membership Application

Physical

Insurance Paperwork Completed

Hepatitis B Election (completed & signed)

Arson Background Check

Sexual Offender Check

Policy & Procedure Manual Acknowledgment

Orchard Park Fire District New Member Application

Date: _____

Name: _____

Address: _____

Phone Number: _____

Social Security Number: ____ / ____ / ____ DOB ____ / ____ / ____

Driver's License Number: _____ State: _____

Resident of Orchard Park Yes No If yes, how long _____

Previous Experience: _____

Employer: _____ Position: _____

Address: _____

Phone Number: _____

Have you ever been arrested? Yes No If yes, please give infraction, disposition & Court

References:

1. _____

2. _____

3. _____

Orchard Park Fire District New Member Application

Name: _____

I hereby submit this application for membership and agree to comply with the By-Laws, Policies and Procedures of the Orchard Park Fire District and the Laws of the State of New York.

I authorize the Board or its representatives to obtain and have the following records released to it to become part of this application:

1. New York State Department of Motor Vehicles Operator's and Vehicle record abstract.
2. New York State Division of Criminal Justice Services Records
3. Physician and hospital records if needed to determine the applicant's state of health.
4. I will agree to testing for controlled substances.

KNOWINGLY MAKING A FALSE WRITTEN STATEMENT IS A CRIME (§210.45 PENAL LAW)

Applicant Signature: _____ Date: _____

Approved by Executive Board: _____ Officer: _____

Approved by Fire Company: _____ Officer: _____

Approved by District: _____ Officer: _____

Out of Jurisdiction Chief Signature (if within District) _____

Removed from District Rolls: _____ Officer: _____

Assigned to: _____

Notes: _____

Orchard Park Fire District New Member Application

Name: _____

EMERGENCY CONTACT INFORMATION:

Primary Contact:

Name: _____ Phone: _____

Address: _____

Relationship: _____

Alternate Contact:

Name: _____ Phone: _____

Address: _____

Relationship: _____

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Name: _____

Hepatitis B Vaccine:

All members of the Orchard Park Fire District have the option to receive the Hepatitis B vaccine series.

- I wish to receive the Hepatitis B series
- I decline receiving the Hepatitis B series
- I have received the attached proof of vaccination proof.

Member's Signature

Date

- Hillcrest
- Orchard Park
- Windom

Orchard Park Fire District New Member Application

Located within the Town of Orchard Park, New York, the Orchard Park Fire District was formed in 1924. Over the years the Fire District expanded from a small Volunteer Fire District to its present status that consists of three Volunteer Fire Companies. The oldest being the Orchard Park Fire Company, followed by the Windom Volunteer Fire Company and finally the Hillcrest Fire Company.

The District provides Fire and Emergency Medical Services to approximately 30,000 people that reside in the Orchard Park, Windom and Hillcrest Fire Companies coverage area which includes Highmark Stadium and Chestnut Ridge Park.

Any person aged 18 years or older who resides in the Town of Orchard Park for over 30 days is eligible to apply as a Firefighter, EMS only or firefighter/EMS member in the Orchard Park Fire District.

To become a member of the District, membership in one of the three Fire Companies is required.

The Orchard Park Fire District Board of Fire Commissioners is your employer, and you will be a member of the respective Company.

The Orchard Park Board of Fire Commissioners may at their discretion allow persons residing within a reasonable distance outside the District apply for membership.

All applicants must pass a physical examination by their physician, an arson investigation, a sexual offender background and complete the necessary insurance paperwork prior to approval of a Company and the Fire District.

All the requirements to be a member of the District are contained in the District's Policies and Procedures Manual.

Orchard Park Fire District New Member Application

Physical/Insurance Information:

Physical:

Niagara Medical Management
227 Highland Parkway
Buffalo, NY 14223
(716) 447-8868

Please call to schedule an appointment and advise them you are a firefighter with the Orchard Park Fire District.

Insurance:

Brown & Stromecki Agency
4313 South Buffalo Street
Orchard Park, NY 14127

Monday – Thursday 9:00 AM – 5:00 PM
Friday 9:00 AM – 4:00 PM



NEW YORK STATE DIVISION OF CRIMINAL JUSTICE SERVICES
Office of Criminal Justice Operations
Volunteer Firefighter Inquiry Form

INSTRUCTIONS: This form is to be used only by a Sheriff's Office (or OFPC, where applicable) when performing searches authorized under NY Executive Law §837-o in connection with individuals seeking membership in a Volunteer Fire Department.

A. DATE:

This form must be U.S. mailed, faxed or hand delivered between agencies. E-mail transmission is not permissible.

Shaded boxes are required data elements.

B. REQUESTING VOLUNTEER FIRE DEPARTMENT

DEPARTMENT NAME:

FIRE CHIEF NAME:

SIGNATURE:

ADDRESS:

TELEPHONE NUMBER:

FAX NUMBER:

1. NAME (LAST, FIRST, MIDDLE)

2. ADDRESS (Street, City, Zip Code)

3. ALIAS AND/OR MAIDEN NAME

4. SEX

M F

5. RACIAL APPEARANCE

White Black Indian Asian Unknown Other

6. ETHNICITY

Hispanic Not Hispanic Unknown

7. HEIGHT
 Ft. In.

8. DATE OF BIRTH
 Month Day Year

9. PLACE OF BIRTH

10. SOCIAL SECURITY NO.

INVESTIGATING OFFICER: _____ DATE _____
 (PRINT NAME/TITLE)

INVESTIGATING OFFICER SIGNATURE _____

RESULTS OF INQUIRY

- NO RECORD OF AN ARSON CONVICTION OR A CONVICTION REQUIRING REGISTRATION AS A SEX OFFENDER
- CONVICTED OF ARSON; NO RECORD OF A CONVICTION REQUIRING REGISTRATION AS A SEX OFFENDER
- CONVICTED OF A CRIME REQUIRING REGISTRATION AS A SEX OFFENDER; NO RECORD OF AN ARSON CONVICTION
- CONVICTED OF ARSON AND CONVICTED OF A CRIME REQUIRING REGISTRATION AS A SEX OFFENDER