

**Application Checklist:**

**Applicant Name:** \_\_\_\_\_

**Hillcrest Fire Company**

**Orchard Park Fire Company**

**Windom Fire Company**

**Fire Only**

**EMS Only**

**Fire & EMS**

**Duty Shift**

**Membership Application**

**Physical**

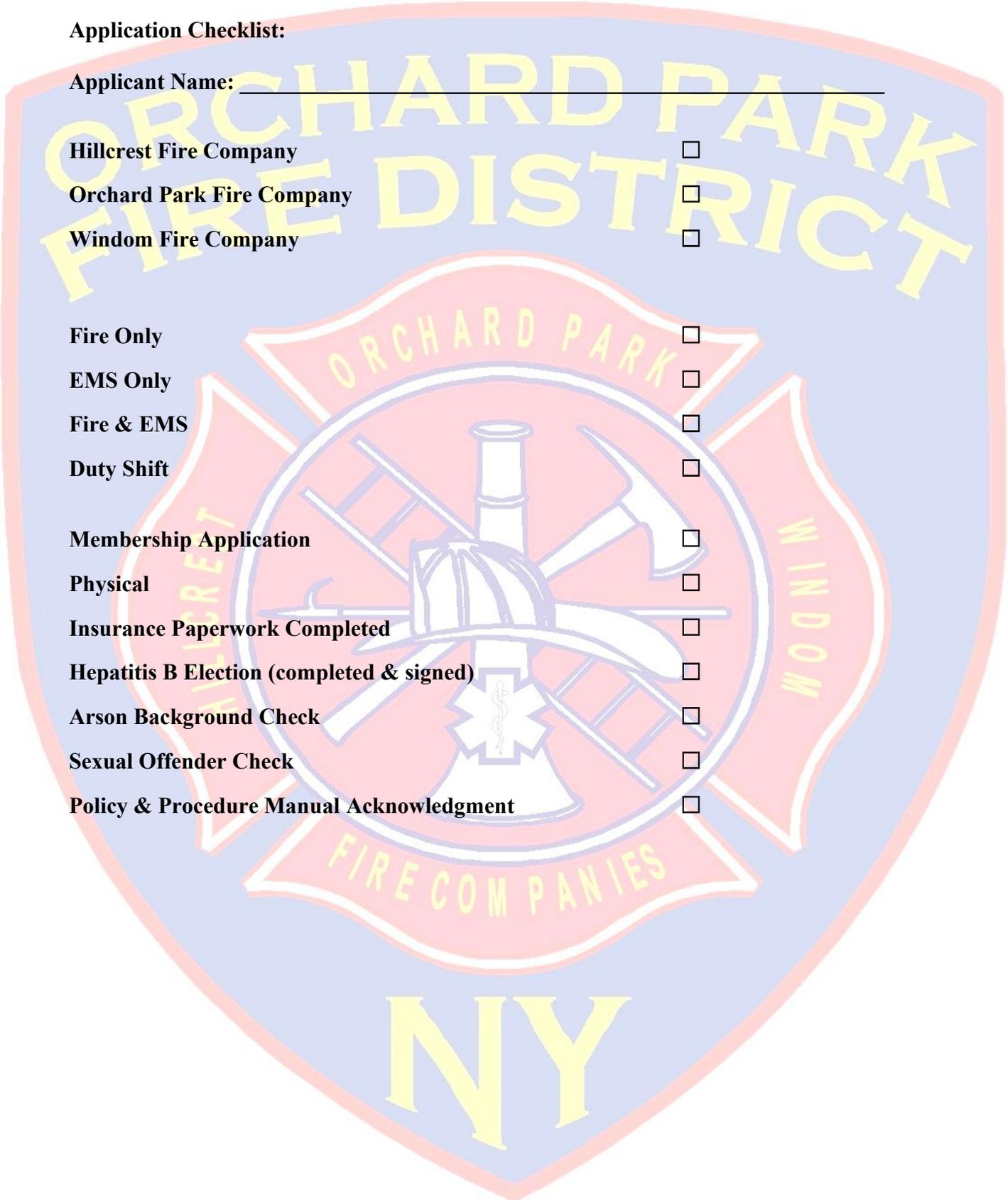
**Insurance Paperwork Completed**

**Hepatitis B Election (completed & signed)**

**Arson Background Check**

**Sexual Offender Check**

**Policy & Procedure Manual Acknowledgment**



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: \_\_\_\_\_

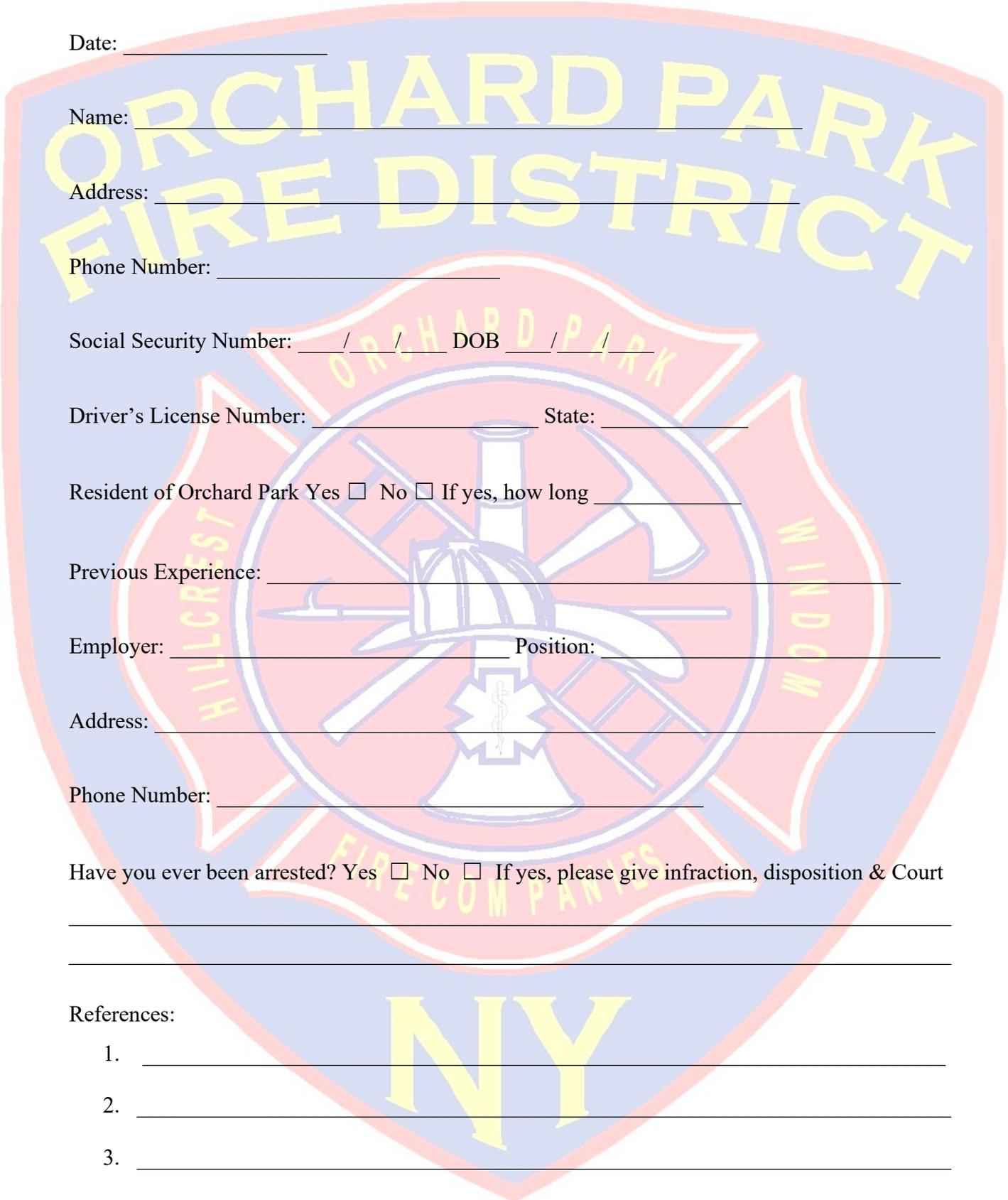
Phone Number: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

References:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_



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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NY

Name: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

**Primary Contact:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

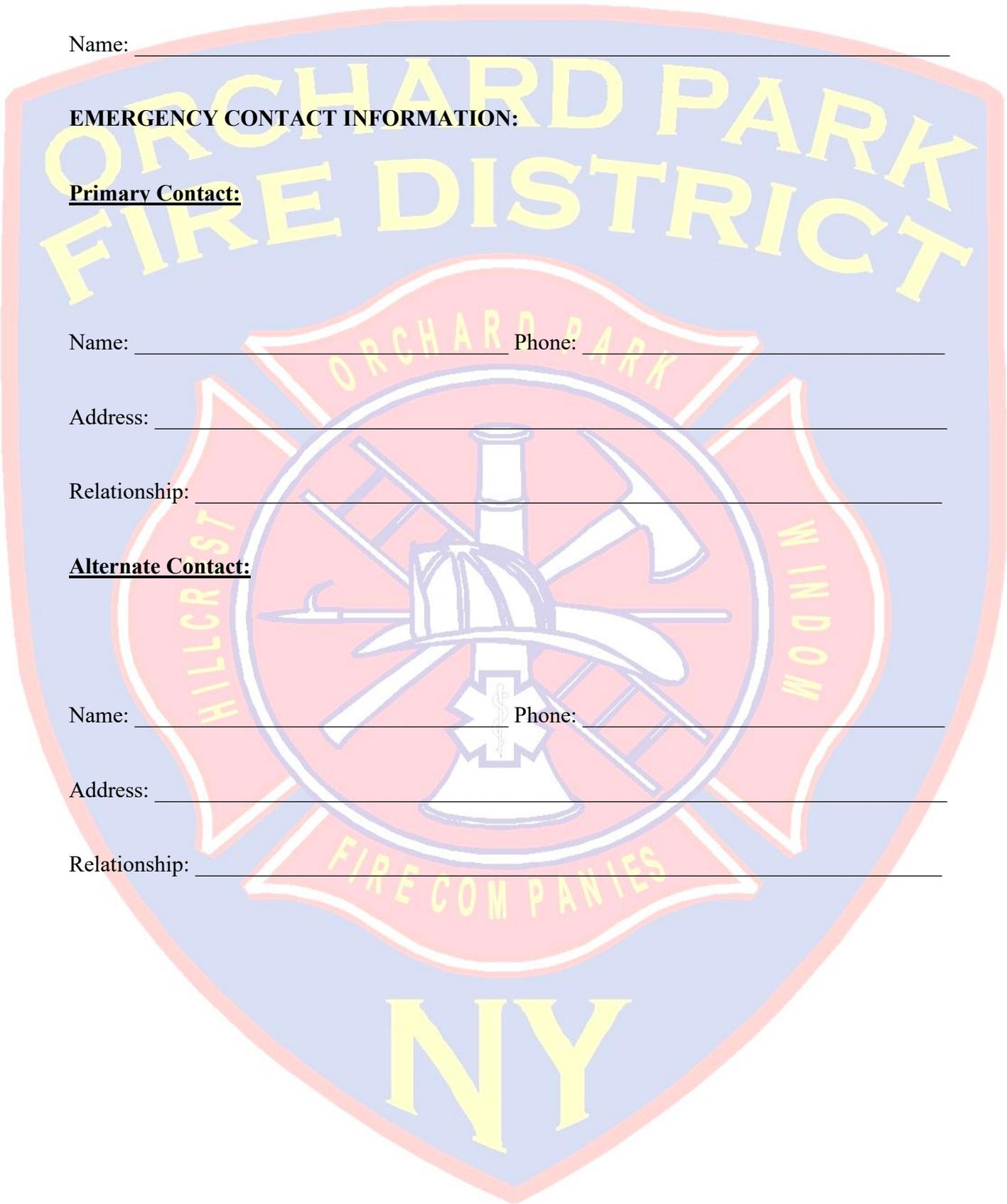
Relationship: \_\_\_\_\_

**Alternate Contact:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_



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
- Duty Shift

