



Union Center Fire Company, Inc.

PO Box 8800 Endicott, NY 13762-8800
Business: 607-748-1321 • Fax: 607-953-4273

APPLICATION FOR MEMBERSHIP

PERSONAL INFORMATION

Last Name _____ First Name _____ Middle Initial _____

Date of Birth _____ Any Previous Name(s) _____

Address _____ City/Village/Town _____

County _____ State _____ Zip Code _____

Telephone Number(s) Daytime _____ Evening _____ Cell _____

E-Mail Address(es) _____

AREAS OF INTEREST

Please check all of the following areas of Company activity that you wish to participate in:

- Firefighting Emergency Medical Services Fire Police (traffic/crowd control)
 Auxiliary Business Youth Membership (applicants under 18 years of age)

FORMAL EDUCATION

Name of High School Attended _____

Address _____ City _____ State _____ Zip _____

Graduated? Yes No Type of Diploma _____

College/University Attended _____

Address _____ City _____ State _____ Zip _____

Major Field(s) of Study _____

Graduated? Yes No Type of Degree _____

NEW YORK STATE FIRE SERVICE EDUCATION COURSES COMPLETED

- | | |
|--|---|
| <input type="checkbox"/> Firefighter I | <input type="checkbox"/> Ladder Company Operations |
| <input type="checkbox"/> Firefighter II | <input type="checkbox"/> Initial Fire Attack |
| <input type="checkbox"/> Apparatus Operator - Pump | <input type="checkbox"/> Vehicle Crash Victim Extrication |
| <input type="checkbox"/> Grass, Brush, Forest Firefighting | <input type="checkbox"/> Other_____ |
| <input type="checkbox"/> Hazardous Materials (Level)_____ | <input type="checkbox"/> Other_____ |

EMERGENCY MEDICAL SERVICES CERTIFICATIONS

- | | |
|--|---------------------------------|
| <input type="checkbox"/> CPR/AED (Type/Level)_____ | Expiration Date_____ |
| <input type="checkbox"/> First Aid (Type/Level)_____ | Expiration Date_____ |
| <input type="checkbox"/> Certified EMS First Responder | State_____ Expiration Date_____ |
| <input type="checkbox"/> EMT - Basic | State_____ Expiration Date_____ |
| <input type="checkbox"/> Advanced EMT - Intermediate | State_____ Expiration Date_____ |
| <input type="checkbox"/> Advanced EMT - Critical Care | State_____ Expiration Date_____ |
| <input type="checkbox"/> Advanced EMT - Paramedic | State_____ Expiration Date_____ |

CURRENT EMPLOYER (or School, If a Full-Time Student)

Name of Employer/School_____

Address_____ City_____ State_____ Zip_____

Business Phone _____ Working/School Hours (each day) _____

GENERAL INFORMATION

Do you currently have a valid Driver's License? Yes No

If yes: License Number _____ Class _____ State _____

Expiration Date _____ Restrictions _____

Have you been convicted of any traffic violations in the past three years? Yes No

If yes, please describe: _____

Have you ever been convicted of any criminal offense (felony or misdemeanor)? Yes No

If yes, please attach full explanation, including disposition.

Are you presently charged with any criminal offense (felony or misdemeanor)? Yes No

Are you presently a member of any other emergency services organization(s), on either a paid or volunteer basis? Yes No If yes, identify organization(s) and level/type of involvement:

Have you ever been a member of, or applied for membership in, any other fire or emergency medical services organization in the past? Yes No If yes, Please complete for each:

Name of Organization	Contact Person	Phone Number	Your Role	Dates of Service
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

REFERENCES

Please list three references, residing in the local area, whom you have known for at least two years. Please do not include family members, or members of this organization:

Name	Phone
1.	
2.	
3.	

Please read the following statements carefully. Your signature below indicates that you understand and accept these conditions, without exception:

1. The information that I have provided on this application is accurate and complete, to the best of my knowledge and belief. Any deliberate omission or misrepresentation in this application, or in any attached material, will be reason for refusal of the application, or for removal from membership if the falsehood is discovered after membership is attained.
2. I agree to make myself available for all necessary training, and to conform to the bylaws, policies, and general orders of the Union Center Fire Company, Inc.
3. I understand that the acceptance of my application will allow me to participate in orientation related to the role(s) I aspire to in the Fire Company, but that permanent membership in the Fire Company is not automatic.
4. I understand that I am responsible for annual dues, as specified in the bylaws.
5. I voluntarily, and without restriction, grant permission to the Union Center Fire Company, Inc., and to its designated officers and/or agents, to verify any and all of the information I have presented on this application, and to investigate, or cause to be investigated, any aspect of my background or history, for the purpose of determining my suitability to be a member of the Company. I release all persons and organizations collecting or supplying such information from any legal claims arising from this activity.

Signature of Applicant _____ Date _____

Signature of Parent or Legal Guardian is also required for applicants under age 18:

_____ Date _____

“Admission to the Union Center Fire Company, Inc. is based upon the personal qualifications and character of the applicant, and is granted without regard to sex, race, creed, color, disability, or national origin.”

UCFD-2 Revised 2/16



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



Identification Division
155 Lt. VanWinkle Drive
Binghamton, New York 13905

I, _____, residing at _____

_____, New York, hereby request, authorize and direct that the BROOME COUNTY SHERIFF, his deputies, employees and agents conduct a review of any and all records regarding me to which the Sheriff's Office has access, either directly or indirectly, and to report, release and/or divulge the results of said investigations in a form and manner as the Sheriff, his deputies, employees or agents, as in his, her or their sole discretion deem appropriate to:

Any Chief Officer, or the Company President of the Union Center Fire Company Inc.

I acknowledge, understand and agree that the accuracy of any said information is not subject to control of the Sheriff's Office. I further acknowledge, understand and agree that the Sheriff's Office has no control over the use of any information once released and cannot control any re-release of further dissemination of said information provided pursuant to this consent and release.

Further, I do hereby release, remise and discharge the said Sheriff, his deputies, employees and agents and County of Broome, its officer, agents and/or employees of and from any and all causes of action, suit, claims, liability, damages and any have or which my legal representative or future grantees of title shall or may have by reason of matter, action, failure to act or think whatsoever and particularly, but not limited to, the acts or omissions of the Sheriff's Office in regard to this Consent and Release.

Dated: _____

Signature: _____

Printed Name: _____

Maiden Name: _____

Date of Birth: _____

SSN: _____