

References

Please list two references (not related to you) and list a preferred contact phone number (preferably a contact from the Dryden area, an employer, a professor/teacher, or person affiliated with the department).

Reference 1: _____

Reference 2: _____

Disclaimer and Signature

I do hereby warrant that I have not withheld any information that would influence the judgment of the company in considering this application. I agree, if accepted to probationary status, to abide by the by-laws set forth by said company. I understand that failure to do so may result in denial of permanent membership status to Neptune Hose Co. No. 1, Inc. and/or Dryden Ambulance, Inc.. Further, I understand that discovery of false information provided by me for this application can result in termination of membership to Neptune Hose Co. No. 1, Inc. and/or Dryden Ambulance, Inc. at any time..

Signature: _____ Date: _____

If under the age of 18, please have a parent or legal guardian complete the following

Date of Birth (applicant): _____

Parent/Guardian Name
(please print): _____

Parent/Guardian Signature: _____ Date: _____

Please note that Neptune Hose Co. No. 1, Inc. and Dryden Ambulance, Inc. require a physical (at the department's expense) upon acceptance for membership.

Return the completed application to:

Neptune Hose Co. No. 1, Inc.
Dryden Ambulance, Inc.
P.O. Box 397
25 North St.
Dryden, NY 13053-0397
P:(607) 844-8124
F: (607) 844-3249
e-mail: DFD@dryden.org

For Department Use Only

Application Received By:

Date Rec'd.:

Interview Date:

Interviewed By:

Interview Notes:

Recommendation Of Interview Committee:

Reference Checks (write notes based on references here)

Reference 1

Reference 2

Background Check (list dates sent and received)

Sent:

Received:

Election Results

Membership Voting Results

Votes Yes:

Votes No:

Date of Vote:

President's Signature:

Date:

Probationary Period Review/Permanent Membership Vote

Votes Yes:

Votes No:

Date of Vote:

President's Signature:

Date:

Membership Information

Membership ID

Number Assigned:

New Member

Advocate:

Membership Secretary

Signature:

Date:



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 _____

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

RESULTS OF INQUIRY



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RESULTS OF INQUIRY

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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