

Corning Joint Fire District Application for Membership

At the Corning Joint Fire District, we put *PEOPLE FIRST* – both our hard-working volunteer members, and the citizens who require our services. It pleases us to know that you consider yourself a community-minded person and are willing to serve others. We consider it a compliment that you are interested in our fire department.

Applicants are considered for volunteer firefighter and/or EMT without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of non-job-related medical conditions or disabilities, or any other legally protected status. We do, however, require that members reside within the Corning community, be a minimum of 16 years of age (with parental consent) and have a sincere desire to serve the public with a professional attitude.

Thank you for sharing your valuable time with us by thoroughly completing this application.

PERSONAL INFORMATION (Please type or print in black or blue ink.)		DATE (mm/dd/yyyy): / /	
NAME: _____ <div style="display: flex; justify-content: space-between; width: 100%; font-size: small;"> Last First M. </div>			
Are you between the ages of 16 and 18? Yes ____ No ____ <i>If yes, a parent or legal guardian must complete the Parental/Guardian Consent Signature portion of this application.</i>			
ADDRESS: _____ <small>Number, Street, City, State, Zip</small>		How Long? _____ <small>Years - Months</small>	
PRIOR ADDRESS: _____ <small>Number, Street, City, State, Zip</small>		How Long? _____ <small>Years - Months</small>	
CONTACT NUMBER(S): _____			
Are you currently employed? Yes ____ No ____ If <i>Yes</i> , please provide employer information below. May we contact your current employer as a reference? Yes ____ No ____ Current Employer: _____ Phone _____			
Have you ever been a member of the Unites States Armed Forces? Yes ____ No ____ If <i>Yes</i> , did you receive a dishonorable discharge? Yes ____ No ____ If <i>Yes</i> , give complete details on a separate page for additional information (include service branch and service dates).			
Have you ever been convicted, plead guilty, awaiting trial for, or served any sentence or probation for a felony or misdemeanor other than a minor traffic violation? Yes ____ No ____ If <i>Yes</i> , please give date and nature of conviction. (A conviction does not necessarily exclude you from consideration)			
DATE: _____ CONVICTION: _____			

How did you become interested in applying for membership with the Corning Joint Fire District?

EDUCATION

School	Name and Address of School or College	Major Studies	Last Grade Completed	Graduation Date
High School				
College, Trade or Business School				
Other School				

MEMBER INTERESTS, SKILLS, AND EXPERIENCE

Firefighter Training? **Yes**____ **No**____ (If "Yes", provide NYS Training ID Number): _____

NYS licensed EMT? **Yes**____ **No**____ (If "Yes", Level, License#, Date): _____

NYS CFR? **Yes**____ **No**____ (If "Yes", Date): _____

Red Cross/AHA CPR Certified? **Yes**____ **No**____ First Aid Certified? **Yes**____ **No**____

PLEASE ATTACH COPIES OF ALL VALID CERTIFICATIONS AND TRAINING CERTIFICATES

Previous Member of a Volunteer/Paid Fire Department? **Yes**____ **No**____

If "Yes", What Department? _____ Dates From _____ To _____

Immediate Supervisors Name: _____ Phone _____

Availability: Weekdays____ Weekends____ Evenings____ Any Hours____ Other _____

List any skills/experience/training which you feel will assist you in performing your duties as a member of this department (IE: mechanic, electrician, pump operations, etc.):

MEDICAL HISTORY

OSHA regulations require that you pass a physical examination before becoming an interior structural firefighter. The departments designated physician will provide you with a free medical examination. Will you be willing to undergo a medical examination?

Yes ____ No ____

REFERENCES

Please provide the names and addresses of three (3) people not related to you, that you have worked with and to whom we may refer for a reference if necessary.

NAME: _____

PHONE: _____

ADDRESS, CITY, STATE: _____

NAME: _____

PHONE: _____

ADDRESS, CITY, STATE: _____

NAME: _____

PHONE: _____

ADDRESS, CITY, STATE: _____

Please list the names of any acquaintances that are members of this organization

DISCLAIMER AND SIGNATURE

I affirm that my answers are true and complete to the best of my knowledge. If this application leads to membership, I understand that false or misleading information in my application or interview may result in my termination or denial of membership.

NAME: _____

SIGNATURE: _____ DATE: _____

PARENTAL/GUARDIAN CONSENT SIGNATURE*(Required for Applicants between the ages of 16-18 years)*

I affirm that I am the legal custodial parent/guardian of the applicant and hereby consent to the membership of the applicant. I am aware of the risks associated with and the time requirements of being an active member of the Corning Joint Fire District.

NAME: _____

SIGNATURE: _____ **DATE:** _____

FOR DEPARTMENT USE ONLY. DO NOT WRITE IN AREAS BELOW.

ACCEPTED FOR SOCIAL MEMBERSHIP:

Station _____

Officer _____ Date _____

ACCEPTED FOR ACTIVE PROBATIONARY FIREFIGHTER MEMBERSHIP:

Board of Directors Chairman _____ Date _____

TERMINATED OR NOT ACCEPTED:

Board of Directors Chairman _____ Date _____