



# North Syracuse Volunteer Fire Department

109 Chestnut Street  
North Syracuse, NY 13212  
(315) 458-1920

## Membership Application

Welcome to the North Syracuse Volunteer Fire Department. We are pleased that you have expressed an interest in joining our organization and hope that you will find it a rewarding experience.

The North Syracuse Volunteer Fire department is made up of members of the community who have pledged to provide emergency service protection to the area. The area served by this department consists of the Village of North Syracuse and parts of the Towns of Clay and Cicero. The department responds to over 1000 emergencies annually.

As members of the Fire Department, we respond 24 hours a day to both fire and medical emergencies. Additionally, we are involved in training, special details, fire prevention and some social functions sponsored by the Fireman's association.

### Requirements for membership:

- Be at least 18 years of age
- Be a high school graduate (or GED)
- Complete and submit a membership application (including a copy of an official drivers license or ID)
- Live or work (40 hours) in the district
- Gain approval of the Fire Department & Village Board
- Respond to 15% of emergency alarms per calendar quarter
- Attend six training sessions per calendar quarter
- Successfully complete our probationary firefighter program
- Complete a NYS Firefighter 1 (FF1) Course within 1 year of joining (all training is at no cost to you)
- Attend two monthly meetings per calendar quarter
- One year probationary period

The benefits of the North Syracuse Volunteer Fire Department can be available to you if you would like to help your community.

### Some of the benefits of membership include:

- Pride of being part of the team that protects both life and property in and around North Syracuse
- Opportunity to be trained in many skills useful to your family and friends
- Physical fitness equipment usage
- Service Award Program (retirement program)
- Additional schooling and training available
- Life insurance policy
- NYS Tax incentives

If you believe that you have the time and interest to become a firefighter in the North Syracuse Volunteer Fire Department, please complete the attached application and return it to us.

**If you have any questions, please contact us at 315-458-1920.**

Name \_\_\_\_\_ Date of Application \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Resident Since \_\_\_\_\_ New York Resident Since \_\_\_\_\_

Are you a citizen of the United States? Yes No Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

If not, have you the legal right to remain permanently in the United States? Yes No

Have you ever been known by any other name (e.g. marriage)? Yes No

If yes, please list \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Birthplace \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Age \_\_\_\_\_

Sex M F Hair \_\_\_\_\_ Eyes \_\_\_\_\_ Do you wear glasses? Yes No Contacts

Driver's License Yes No State \_\_\_\_\_ Class \_\_\_\_\_ ID \_\_\_\_\_

\*\*\*List any violations on exceptions page\*\*\*

Please indicate your availability to participate in normally required fire department activities (meetings, drills and emergency calls)

Weekdays: Days Evenings Nights Weekends: Days Evenings Nights

Have you ever been a member of the United States Armed Forces? Yes No

If the answer is yes, did you receive an honorable discharge? Yes No

\*\*\*If the answer is yes or no, give the dates and details on exception page\*\*\*

Have you ever received disability or compensation benefits for any injury? Yes No

\*\*\*If yes, give dates and details on exception page\*\*\*

Do you have any restrictions that might/will affect your ability to participate in fire department activities?

Yes No If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

Why do you want to become a member of the North Syracuse Volunteer Fire Department?

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

How did you hear about the North Syracuse Volunteer Fire Department?

Web Site Facebook Recruitment Ad Friend or Family

If through a recruitment ad where did you see us? \_\_\_\_\_

**In case of emergency, notify:**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Hospital Preference \_\_\_\_\_ Blood Type \_\_\_\_\_

## ***Employment***

Are you employed? Yes          No          May we contact your employers? Yes          No

Employer \_\_\_\_\_ Address \_\_\_\_\_

Occupation \_\_\_\_\_ Hours of Employment \_\_\_\_\_

Supervisor \_\_\_\_\_ Telephone \_\_\_\_\_

Last Employer \_\_\_\_\_ Address \_\_\_\_\_

Supervisor \_\_\_\_\_ Telephone \_\_\_\_\_

## ***Education***

Highest Grade Completed \_\_\_\_\_ High School \_\_\_\_\_

Address \_\_\_\_\_

Graduated? Yes          No          GED          Year of Graduation \_\_\_\_\_

College \_\_\_\_\_ City \_\_\_\_\_ Degree \_\_\_\_\_

College \_\_\_\_\_ City \_\_\_\_\_ Degree \_\_\_\_\_

Technical/Trade \_\_\_\_\_ Major \_\_\_\_\_

\*\*\*List other special training, skills or experience on exception page\*\*\*

## ***References***

**Please list three people in your circle of friends (non-family) who have known you for at least 3 years (people you socialize with)**

Name \_\_\_\_\_ Telephone \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_ Address \_\_\_\_\_

**Please list the names of any current or past members of this organization that you are acquainted with**

\_\_\_\_\_

Please list the following information for two people who can attest to your qualifications and/or interest in this organization

Name \_\_\_\_\_ Telephone \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_ Address \_\_\_\_\_

***Firematic Education/Experience (Not required, all training provided)***

Department \_\_\_\_\_ Telephone \_\_\_\_\_

Chief \_\_\_\_\_ Address \_\_\_\_\_

Letter of Recommendation? Yes          No          Member in good standing? Yes          No

Dates of Membership \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\*\*\*List additional memberships on exceptions page\*\*\*

Positions Held \_\_\_\_\_

Firematic Training/Schools (List any course, completion date, certificate # and location) \_\_\_\_\_

\*\*\*List additional schools on exceptions page\*\*\*

***EMS Education/Experience (Not required, all training provided)***

Organization \_\_\_\_\_ Telephone \_\_\_\_\_

Director \_\_\_\_\_ Address \_\_\_\_\_

Letter of Recommendation? Yes          No          Member in good standing? Yes          No

Dates of Membership \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\*\*\*List additional memberships on exceptions page\*\*\*

Positions Held \_\_\_\_\_

EMS Training/Schools (List any course, completion date, certificate # and location) \_\_\_\_\_

\*\*\*List additional schools on exceptions page\*\*\*

# Skills and Experience

The North Syracuse Volunteer Fire Department often uses it's own personnel to complete jobs in and around the firehouse. As such, the skills and /or experience of its members possess are often a great asset. Please, review the following areas and indicate those, which are applicable to you. If there are additional skills that you possess that you feel would be a benefit to this department, please do not hesitate to include them in the space provided.

**Please check all that apply**

- Administrative
- Air Conditioning Repair
- Appliance Repair
- Arts
- Carpentry
- Clerical
- Computer
- Crafts
- Electrical
- Flooring
- Locksmith
- Masonry
- Mechanic
- Photography
- Plumbing
- Public Speaking
- Roofing
- Sheet Rock
- Small Engine Repair
- Teaching
- Welding

Additional \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

All information contained/or obtained herein will remain confidential

**State of New York County  
of Onondaga Village of  
North Syracuse**

I, \_\_\_\_\_, being duly sworn, depose and say that I am the above named person. I affirm under penalty and perjury that I signed the foregoing statement. I personally read and printed by hand or type, answers to each and every question therein. I do solemnly swear that each and every answer is true, correct and complete in every respect. I acknowledge that any false information that I provided can preclude me from membership of this department.

Name \_\_\_\_\_ Signature \_\_\_\_\_  
Date \_\_\_\_\_ Witnessed by \_\_\_\_\_





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## Authorization for Release of Information

**To:** Any Court of Law, Probation or Parole Department or Police Agency

I, \_\_\_\_\_, having made application with the North Syracuse Fire Department, in the Village of North Syracuse, in the county of Onondaga, in the State of New York, for membership in their Volunteer Fire Department, do hereby authorize the North Syracuse Volunteer Fire Department, to obtain any records or information regarding my membership application. Said information will include arrest and conviction records.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Address** \_\_\_\_\_

**State** \_\_\_\_\_

**Zip** \_\_\_\_\_

**Witness** \_\_\_\_\_

**Date** \_\_\_\_\_

Please Attach a Copy of Your NYS Driver's License Below

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