

MAYVILLE FIRE DEPARTMENT
Mayville Volunteer Fire Co. #1, Inc.
PO Box 2
Mayville, NY 14757
APPLICATION FOR MEMBERSHIP

Please print

Date _____

Name _____ Date of Birth _____

Home address _____

Home phone _____ Cell phone _____ Work phone _____

E-Mail address _____

Occupation _____ Working hour's _____

Transferred from another department? Yes ___ No ___ If yes what department _____

Any Fire or E.M.S. training? Yes ___ No ___ If yes please list on back.

Driver's license # _____ State _____

Social Security # _____

Nominated by (1) _____ (2) _____

Must have two nominees

Application fee of \$4.00 must accompany this application

By signing below I _____ agree to the following terms of membership.

I _____ authorize the Membership Committee to run a criminal background check, arson background check and a NYS Sex Offender Check prior to consideration of membership.

If my application is accepted, I realize that I will be placed in the Department as a Probationary Member for a minimum of 6 months. During that time I _____ will be expected to meet the requirements of membership as written in the current Department By-Laws.

I _____, hereby pledge on my honor that I will to the best of my ability perform all duties and obligation pertaining to membership in this department. That I will conduct myself in such a manner as to bring esteem to the organization, and will not divulge any of the private proceedings thereof, and when my connection with the department is severed, either by expulsion, suspension or expiration of term of service, I will return to the Secretary – Treasurer all keys, and all parts of the uniform or any other property or finances belonging to the organization that I may now or at any time have in my possession.

Signature of applicant _____ Date _____

Application received _____ Action taken _____

Chiefs Signature _____ Secretary's signature _____



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.

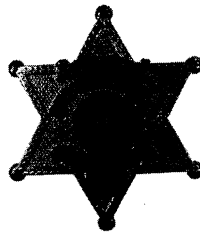
This form must be U.S. mailed, faxed or hand delivered between agencies. E-mail transmission is not permissible.

Shaded boxes are required data elements.

A. DATE:	
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 <input type="checkbox"/> F <input type="checkbox"/>
5. RACIAL APPEARANCE White <input type="checkbox"/> Black <input type="checkbox"/> Indian <input type="checkbox"/> Asian <input type="checkbox"/> Unknown <input type="checkbox"/> Other <input type="checkbox"/>	
6. ETHNICITY Hispanic <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Unknown <input type="checkbox"/>	7. HEIGHT Ft. In.
8. DATE OF BIRTH Month Day Year	
9. PLACE OF BIRTH	
10. SOCIAL SECURITY NO.	

RESULTS OF INQUIRY	INVESTIGATING OFFICER: _____ DATE _____ (PRINT NAME/TITLE)
	INVESTIGATING OFFICER SIGNATURE _____
	<input type="checkbox"/> NO RECORD OF AN ARSON CONVICTION OR A CONVICTION REQUIRING REGISTRATION AS A SEX OFFENDER
	<input type="checkbox"/> CONVICTED OF ARSON; NO RECORD OF A CONVICTION REQUIRING REGISTRATION AS A SEX OFFENDER
	<input type="checkbox"/> CONVICTED OF A CRIME REQUIRING REGISTRATION AS A SEX OFFENDER; NO RECORD OF AN ARSON CONVICTION
<input type="checkbox"/> CONVICTED OF ARSON AND CONVICTED OF A CRIME REQUIRING REGISTRATION AS A SEX OFFENDER	

JAMES B. QUATTRONE
SHERIFF



RICHARD D. TELFORD
UNDERSHERIFF

OFFICE OF THE SHERIFF
CHAUTAUQUA COUNTY

DATE:

ATTN: RECORDS DIVISION
Chautauqua County Sheriff's Office
PO Box 128
Mayville, NY 14757-0128

Dear Sir/Madam:

I, _____, hereby authorize the Chautauqua County Sheriff's Office to conduct an inquiry into my criminal, arson, and driving record as well as local, state, and national sex offender registries and to release any information obtained to _____ for employment or other purposes. This record check only covers arrests made by the Chautauqua County Office of the Sheriff.

Applicant Signature

Representative

PLEASE PRINT:

Applicant Name (Include Maiden Name or any alias, if applicable)

Applicant Address

Applicant Social Security Number (LAST 4 DIGITS ONLY)

Date of Birth

JOHN R. BENTLEY PUBLIC SAFETY BUILDING
15 E. CHAUTAUQUA ST. · P.O. BOX 128 · MAYVILLE · NY 14757-0128 · PHONE: (716)753-4231 FAX 753-4209
WEBSITE: WWW.SHERIFF.US

INTEGRITY · COURAGE · CHARACTER · RESPECT