



AUSTERLITZ VOLUNTEER FIRE CO., INC.

**450 WEST HILL ROAD
PO BOX 35
AUSTERLITZ NY, 12017**

Any person who applies to the AVFC must be at least 18 years of age and hold a valid NYS Drivers License. The interested person must be sponsored by a member of the Austerlitz Vol. Fire Co, meet with the line officers and fill out an application. The active members vote to accept or deny membership and the Board of Directors review their decision. Pursuant to NYS Law, he/she must also authorize a criminal inquiry and must undergo a physical exam paid by the district. New members must be deemed eligible to participate in training, firefighting duties and activities by the District Medical Officer.

Name: _____ Phone#: _____

Address: _____ Cell#: _____

_____ Email: _____

DOB: _____ Place of Birth: _____

Occupation: _____ Employer: _____

Employer Address: _____

Are You Able to Respond to Emergency Calls From Work? _____ Yes _____ No

Previous Fire Dept Experience? _____ Yes _____ No

Years With Fire Dept? _____ EMS Certification? (Level) _____ ID#: _____

NYS Training Courses Completed: _____

Emergency Contact: _____ Relationship: _____

Date of Meeting With Line Officers: _____

Name of Line Officers Present: _____

CONFIDENTIAL FILE

NAME _____ SS# _____

DRIVERS LIC# _____ STATE _____

Disabilities/Physical Limitations? _____ YES _____ NO
If you checked Yes, please list below:

Corrective Lenses? _____ YES _____ NO

Height: _____ Weight _____

Have you ever been convicted of a crime? _____ YES _____ NO
If so, explain:

Pursuant to NYS Law, any person who applies to the AVFC must undergo a full criminal inquiry. AVFC requests a full Criminal Inquiry Waiver and the signing of this application gives AVFC permission to do such. The Criminal Inquiry Waiver form must be obtained from the Chief and submitted to the Sheriff's department prior to the Board review of the application.

THE INFORMATION THAT I HAVE PROVIDED ON THIS FORM IS CORRECT TO THE BEST OF MY KNOWLEDGE AND I REQUEST MEMBERSHIP IN THE AUSTERLITZ VOL. FIRE COMPANY. I ALSO GIVE THE AVFC AUTHORITY TO OBTAIN MY COMPLETE CRIMINAL HISTORY.

Signed: _____ Date: _____

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OFFICIAL USE ONLY

Chief Signature: _____ Date: _____

Date Criminal History Check Sent: _____ Results: _____

BOD: _____ Approved _____ Not Approved Date: _____