

Canton Fire Department Long Term Mutual Aid *Application Packet*



Return To:

Canton Fire Station
77 Riverside Drive
Canton, New York 13617-1022
Phone 315-386-4613

Canton Fire Department

77 Riverside Drive
Canton, New York, 13617
315-386-4613

Dear Applicant,

Thank you for your interest in long term mutual aid status with the Canton Fire Department and Rescue Squad. While filling out this application packet, please fill it out completely and follow any instructions. **Incomplete applications cannot be acted upon.** You must be sure to sign your name, and have someone sign as a witness to your signature, on the 5th page and the 6th page (Release of Information Authorization). You must also complete boxes 1-10 on page 7, the DCJS Volunteer Firefighter Inquiry Form. Do not fill out anything on the Interview Committee Report or the Applicant Checklist as these are for department use. Please print application **single sided**.

Please enclose copies of any certifications or verifications of training that would be relevant. You must have the Chief or President of your current fire department provide a letter verifying your membership in a New York State fire department and your status with that organization.

Once your completed application is turned in it is read at the next regular monthly meeting of the department and you will then be contacted by a member of our interview committee to set up an interview. The interview committee will also check your references and, based on this information and your interview, will present their recommendation to the full membership for a vote at the regular monthly meeting following the interview. Monthly meetings are held the first Thursday of every month.

Again, thank you for your interest in the Canton Fire Department and Rescue Squad and we look forward to getting to know you during the interview process.

Canton Fire Department

77 Riverside Drive
Canton, New York, 13617
315-386-4613

Request for Long Term Mutual Aid Status

Date: _____

1. _____
(Last Name) (First Name) (M.I.)

2. _____
(Local Address) (Apt./Suite No.)

(City, Town, Village) (State) (Zip Code)

IF YOUR HOME ADDRESS IS DIFFERENT THAN YOUR LOCAL ADDRESS, PLEASE PROVIDE
HOME ADDRESS AS WELL ON THE ADDITIONAL INFORMATION PAGE.

3. Telephone: (____) _____ (____) _____ (____) _____
(Home) (Work) (Cell)

E-Mail: _____

4. How long have you resided at the above address? Years: _____ Months: _____

5. How long have you resided in New York State? Years: _____ Months: _____

6. Are you 18 years of age or older? Yes: ☐ No: ☐ If "NO", state your age. _____

7. Is additional information about a change in your name or your use of an assumed name or nickname
necessary to enable a check on your eligibility for membership? Yes: ☐ No: ☐ If "YES", explain.

8. Are you currently employed? Yes: ☐ No: ☐ If "YES" give employer information below.
May we contact your employer for a reference? Yes: ☐ No: ☐

Name of Employer: _____

Address: _____ Phone: _____

- 9 Do you have a valid Driver's License? Yes: ☐ No: ☐ State: _____

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

Please check appropriate time periods.

Weekdays: Days: _____ Evenings: _____ Nights: _____

Weekends: Days: _____ Evenings: _____ Nights: _____

11. Previous emergency services experience: (include only fire, rescue, police, and emergency medical agencies). You **must** include a letter of verification from current agency and previous agencies, as well as copies of any certifications or training.

Name of Agency: _____

Address: _____

Contact Person: _____ Telephone: _____

(If more space is needed, please use attached sheet)

12. Have you ever been a member of the United State Armed Forces? Yes: ☐ No: ☐

If the answer is yes, did you receive a dishonorable discharge? Yes: ☐ No: ☐

Dishonorable discharge is not an absolute bar to membership. This and other factors will effect a final membership decision.

If the above answer is "Yes", give complete details on the page provided for additional information
(include service branch and service dates).

13. Have you ever been convicted of or pled guilty to a felony, misdemeanor, insurance fraud, arson, or a reduction of one of these offenses? Yes: ☐ No: ☐ If "Yes", give details on attached sheet.

14. Please list three personal references, other than members of this organization or family members, who have known you for at least three years.

A. Name: _____ Telephone: _____

Address: _____

B. Name: _____ Telephone: _____

Address: _____

C. Name: _____ Telephone: _____

Address: _____

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

ADDITIONAL INFORMATION

- _____

- _____

- _____

**WITHIN THE FREEDOM OF INFORMATION LAW, ALL INFORMATION
CONTAINED OR OBTAINED HEREIN WILL REMAIN CONFIDENTIAL AND
WIL BE USED ONLY FOR INTERNAL MEMBERSHIP PROCESSING**

In witness whereof, this application has been subscribed the _____ day of _____,
20__ by the undersigned applicant who affirms that the statements made herein are true in
penalties of perjury.

Applicant Signature: _____ Date: _____

Witnessed By: _____ Date: _____

PRIVACY NOTIFICATION

Section 94 of the Public Officers Law (Personal Privacy Protection Law) requires that you be notified of the following facts when information which will be maintained in a record system is collected from you.

The authority to request and confirm personal information about you is found in Article 6 of the Executive Law.

The information obtained will:

1. be used to determine your qualifications for the position for which you are applying;
2. be released to the fire chief and your potential supervisors; and
3. be maintained in your personnel file (if your services are accepted on an on-going basis) or in our application file for six months (if your services are not accepted).

Failure to provide the information or authorization will result in your request not being considered.

The information will be maintained by the Assistant Chief – Personnel of the Canton Fire Department, 77 Riverside Drive, Canton, New York 13617. Any questions can be directed to the Fire Chief at (315) 386-4613.

Canton Fire Department

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Applicant's Authorization for Release of Information

In order to confirm the information I supplied on my request for on-going mutual aid status with the Canton Fire Department, I authorize all licensing agencies, educational institutions, law enforcement agencies, present and former employer, and the military services to disclose their relevant records about me to the Canton Fire Department whether the information be of public, private, or confidential nature; and I release them from any liability and responsibility from doing so.

This authorization, in original copy form, shall be valid for this and future information, reports, or updates that may be requested.

I understand that this form will accompany requests for official documents and confirmations of my credentials.

(Applicant Name –Please Print)

(Applicant's Signature)

(Date)

WITNESSED BY:

(Witness Name – Please Print)

(Witness' 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: **Canton Fire Department**

FIRE CHIEF NAME: **Robert M. Crowe**

SIGNATURE:

ADDRESS: **77 Riverside Drive
Canton, New York 13617**

TELEPHONE NUMBER: **(315) 386-4613**

FAX NUMBER: **(315) 379-1360**

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 _____

RESULTS OF INQUIRY

☐ 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

Canton Fire Department

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Investigation Committee Report

Members on the Committee:

Comments:

Canton Fire Department

77 Riverside Drive
Canton, New York, 13617
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Applicant Checklist

Date Application Received _____

Date Application Read _____

Date of Interview _____

Date Application Voted On _____

Result of Vote Recommend / Don't Recommend

Date Letter Mailed to Applicant _____