

BIG TREE VOLUNTEER FIRE COMPANY, INC.

EST. 1936

APPLICATION FOR MEMBERSHIP



CONGRATULATIONS ON YOUR DECISION TO BECOME PART OF A FAMILY OF HEROES!

THE JOB OF A FIREFIGHTER OR EMERGENCY MEDICAL TECHNICIAN IS NOT ONLY PHYSICALLY DEMANDING, BUT CAN BE MENTALLY AND EMOTIONALLY DEMANDING AS WELL.

THE BIG TREE VOL. FIRE CO. PRIDES ITSELF ON HAVING THE MOST WELL TRAINED FIREFIGHTERS AND EMERGENCY MEDICAL TECHNICIANS. WE ALSO DEMAND THE HIGHEST LEVEL OF PROFESSIONALISM FROM OUR MEMBERS AT ALL TIMES.

IF YOU FEEL YOU HAVE WHAT IT TAKES TO JOIN OUR TEAM, FOLLOW THE INSTRUCTIONS BELOW FOR FILING THIS APPLICATION.

STEP 1: FILL OUT APPLICATION COMPLETELY. BE HONEST.

STEP 2: SUBMIT APPLICATION TO ANY MEMBER OF BIG TREE VOL. FIRE CO. ALONG WITH A \$10.00 APPLICATION PROCESSING FEE.

STEP 3: ONCE FILED, YOU WILL BE NOTIFIED BY THE SECRETARY WITH A DATE AND TIME FOR YOU TO APPEAR BEFORE THE INVESTIGATION COMMITTEE FOR AN INTERVIEW.

Rising Above for 75 Years

9/3/2013

APPLICATION TYPE		
<input type="checkbox"/> FIRE & EMS	<input type="checkbox"/> EMS ONLY	<input type="checkbox"/> MEMBER W/ RESTRICTIONS

PERSONAL INFORMATION			
Name:	<input type="checkbox"/> M <input type="checkbox"/> F	DOB:	Age:
Address: _____ Apt: _____	Driver's License Information		
Town: _____ Zip: _____	State: _____	Exp. Date: ___/___/___	Cl. _____
License #:			
How long have you lived at the above address? _____ Years _____ Months			
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married _____ Number of Children			
Phone #:	SSN:		
E-Mail Address:			

EMPLOYMENT INFORMATION	
Current Occupation:	
Employer Name:	
Employer's Address: _____	Phone #:
Town/City: _____ Zip: _____	Normal Hours:
How long have you been employed there? ___ Years ___ Months	
If less than 1 year, please supply previous employer information below:	
Previous Employer:	
Previous Employer's Address: _____	
Town/City: _____	Zip: _____
Previous Employer's Phone #:	Time employed: ___ Years ___ Months

CRIMINAL HISTORY	
Have you ever been charged with a crime? <input type="checkbox"/> Y <input type="checkbox"/> N Convicted? <input type="checkbox"/> Y <input type="checkbox"/> N	
Have you ever been arrested? <input type="checkbox"/> Y <input type="checkbox"/> N (Please do not include traffic violations)	
If yes to any of the above, please explain: _____	

REFERENCES	
Please provide us with two references, one business and one personal.	
Work Reference Name:	
Relationship:	
Phone #:	Best Time to Call:
Personal Reference Name:	
Relationship:	
Phone #:	Best Time to Call:

FIREMATIC TRAINING

Have you ever completed any of the following fire related courses?

Course Name	Date(s)	Location(s)
Essentials (or equivalent)		
Apparatus Operator-Pump		
EVOC		

Please list any other fire related courses that you have completed that may not be listed above: _____

EMERGENCY MEDICAL SERVICES (EMS) TRAINING

Have you ever completed any of the following EMS related courses?

Course	Date(s)	Location(s)
CPR/AED		
First Responder		
EMT-B		
AEMT-I		
AEMT-P		

Please list any other EMS related course that you have completed that may not be listed above: _____

FIRE OR EMS SERVICE EXPERIENCE

Have you ever been a member of another Fire Company/Department or Emergency Medical Services Provider? Yes No If yes, please complete below:

Name of Agency: _____	
Address: _____	Name of Supervisor: _____
Town/City: _____ Zip: _____	Phone #: _____
May we contact them? <input type="checkbox"/> Y <input type="checkbox"/> N	

AFFIRMATION OF INFORMATION ACCURACY

To the best of my knowledge, the foregoing information is true and accurate.

Applicant Signature: _____	Date: _____
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APPLICANT RECOMMENDED BY:

Sign Name: _____	Rank/Title: _____
Sign Name: _____	Rank/Title: _____

DO NOT WRITE IN THE SECTIONS BELOW

OFFICE USE ONLY

DATE APPLICATION WAS RECEIVED BY SECRETARY: / /

POLICE RECORD CHECK

Date Performed: / / Performed By:

Record Yes No If yes, please explain: _____

INVESTIGATING COMMITTEE

Date of Interview: / / Approved Rejected

Name	Title	Signature
1.	Secretary	
2.	Chief (or designee)	
3.	President (or designee)	
4.	Head Trustee	
5.	Trustee	
6.	Trustee	
7.	Trustee	
8.	Trustee	

FIRE COMPANY ACTION

Date of Vote: Approved Rejected Vote Count: Y N

APPLICANT

Date sworn into Membership: / / Sworn in By:

Date of Separation: / / Reason: _____

Equipment returned? Y N _____

Date returned: / / _____



**BIG TREE VOLUNTEER FIRE COMPANY, INC.
AUTHORIZATION FOR RELEASE OF INFORMATION**

**TO: ANY DOCTOR, PHYSICIAN, PSYCHOLOGIST, DENTIST, HOSPITAL, NURSING HOME, MEDICAL ASSOCIATION;
THE U.S. ARMED FORCES, MARITIME SERVICES, VETERAN'S ADMINISTRATION, SELECTIVE SERVICE ADMINISTRATION;
ANY ACADEMIC DEAN, REGISTRAR, PRINCIPAL, GUIDANCE COUNSELOR OR AUTHORIZED PERSON ANT ANY: UNIVERSITY, COLLEGE, BUSINESS, TRADE, ELEMENTARY OR HIGH SCHOOL;
ANY LOCAL, STATE, OR FEDERAL LAW ENFORCEMENT AGENCY;
ANY PAST OR PRESENT EMPLOYER;
ANY INSURANCE COMPANY;
ANY STATE, COUNTY, OR MUNICIPAL BUREAU OF VITAL STATISTICS OFFICE;
OTHER: _____;**

I, _____, HAVE APPLIED FOR MEMBERSHIP IN THE BIG TREE VOLUNTEER FIRE COMPANY, INC. I AM AWARE THAT MY ENTIRE BACKGROUND WILL BE THOROUGHLY INVESTIGATED AND I HEREBY AUTHORIZE THE RELEASE OF ANY AND ALL INFORMATION YOU HAVE THAT CONCERNS ME, INCLUDING ACADEMIC TRANSCRIPTS AND DISCIPLINARY MATTERS, TO A REPRESENTATIVE OF THE BIG TREE VOLUNTEER FIRE COMPANY, INC. THIS AUTHORIZATION, OR REPRODUCTION THEREOF, SHALL BE VALID FOR A PERIOD OF ONE (1) YEAR FROM THE EXECUTION OF THIS DOCUMENT.

DATE OF BIRTH:_____ PLACE OF BIRTH:_____

SOCIAL SECURITY #:_____

MILITARY BRANCH:_____ SERVICE #:_____

VETERAN'S ADMINISTRATION FILE #:_____

GIVEN UNDER MY HAND THIS ____ DAY OF _____, 20__

SIGNATURE OF WITNESS

SIGNATURE OF APPLICANT

CURRENT ADDRESS: _____

**PLEASE SEND REPLY TO:
BIG TREE VOLUNTEER FIRE COMPANY, INC.
ATTN: INVESTIGATION COMMITTEE
4307 SOUTH PARK AVENUE
BLASDELL, NY 14219**