CAMPBELL

VOLUNTEER

FIRE DEPARTMENT

MEMBERSHIP

APPLICATION

REVISED 10/2026

Member Application

The position(s) you are applying for: (check)

☐ Auxiliary ☐ Junior Firefighter (minimum age 14) ☐ Fire Police ☐ Firefighter ☐ E.M.S.

Last Name First Name M.I

Address

City State Zip Code

E-Mail Home Phone Cell Phone

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

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

Are you 18 years of age? ☐ Yes ☐ No If "No" state your age: _____

Do you have any physical or health limitations that could interfere with your performance in the job for which you are volunteering? ☐ Yes ☐ No
If you answered Yes, please explain: _____
_____

Do you have any commitments or responsibilities that might prevent you from meeting the requirements as a volunteer firefighter? ☐ Yes ☐ No
If you answered Yes, please explain: _____
_____

Have you previously applied for a position with the Campbell Fire Department? ☐ Yes ☐ No

Have you previously applied for a position at another fire agency? ☐ Yes ☐ No

Education & Training

High School: _____Did you graduate? ☐ Yes ☐ No

High School Address: _____

College/Trade School: _____ Subject Major: _____

Did you earn your degree? ☐ Yes ☐ No

Please list any skills which you feel relate to this position: _____
_____

Have you received Firefighter/E.M.S. training in the past? ☐ Yes ☐ No
Type of Fire/E.M.S. training: _____

Have you received first aid and/or C.P.R. training in the past? ☐ Yes ☐ No
☐ First Aid ☐ C.P.R. Date(s) _____

Additional training information can be listed in the additional information section of this packet

Driving Record Check

Do you agree to a driver's license check? ☐ Yes ☐ No

Driver's License Number: _____ State of Issuance: _____

License Class: _____

Do you have truck driving experience? ☐ Yes ☐ No
If "Yes" explain: _____
_____

Background Information

Do you agree to a Criminal Background Check? ☐ Yes ☐ No
If "Yes" Please provide the following for the background check:
Date of Birth: _____ Social Security #_____-_____-_____
Place of Birth: _____ Madin Name (If female and married):_____
Height: _____
Have you ever been convicted or plead guilty to a felony? ☐ Yes ☐ No

Have you ever been convicted or plead guilty to a misdemeanor? ☐ Yes ☐ No

Have you ever been convicted or have you plead guilty to the charge of Arson? ☐ Yes ☐ No
Please list any further details on the "Additional Information" Page

Availability & Employment History

What hours are you available to respond to emergency calls?

☐ Week Days
☐ Mornings (7am – 3pm) ☐ Afternoons (3pm – 11pm) ☐ Nights (11pm – 7am)

☐ Weekends
☐ Mornings (7am – 3pm) ☐ Afternoons (3pm – 11pm) ☐ Nights (11pm – 7am)

Can you be available for the following meetings and training sessions?

☐ In-House Trainings 7:00pm Monday evenings
☐ Membership Meeting 1st Monday of the Month 7:00pm

Present Employer Information

Employer: _____

Address: _____

_____

Job Title: _____

Total Years Employed: _____ Hours worked per week: _____

Specific Duties: _____

_____

Supervisor Name: _____

Phone Number: _____

Does business require you to travel out of town? ☐ Yes ☐ No

May we contact your employer? ☐ Yes ☐ No

References

(Please list three (3) references and have good contact information for each reference)

REFERENCE #1

Name: _____

Address: _____

Phone: _____

REFERENCE #2

Name: _____

Address: _____

Phone: _____

REFERENCE #3

Name: _____

Address: _____

Phone: _____

Military Background

Branch of Service: _____

Reserve Status: _____

Did you receive a dishonorable discharge? ☐ Yes ☐ No

If yes please explain: _____

Additional Information

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

FOR PARENT/LEGAL GUARDIAN USE ONLY (if under the age of 18** Junior Application)**

_____ _____ _____

DATE **Parent/Legal Guardian Printed Name** **Parent/Legal Guardian Signature**

FOR DEPARTMENT BOARD OF DIRECTORS USE ONLY

Application Received: _____ **Application Received By:** _____

DATE **Board Member Name**

Approved

☐ Yes ☐ No

FOR DEPARTMENT MEMBERSHIP USE ONLY

Application Voted on: _____ **Application Received By:**_____

DATE **President/Vice President**

Approved

☐ Yes ☐ No

FOR COMMISSIONER USE ONLY

Application Voted on: _____ **Application Received By:**_____

DATE **Chair/Co Chair**

Approved

☐ Yes ☐ No

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

IN WITNESS WHEREOF, THIS APPLICATION HAS BEEN SUBSCRIBED THIS _____ DAY OF _____, 20_____ BY THE UNDERSIGNED APPLICANT WHO AFFIRMS THAT THE STATEMENTS MADE HEREIN ARE TRUE UNDER THE PENALTIES OF PERJURY.

APPLICANT PRINT NAME _____

APPLICANT SIGNATURE: _____

DATE: _____

PARENT/LEGAL GUARDIAN (IF UNDER THE AGE OF 18) PRINTED NAME_____

PARENT/LEGAL GUARDIAN (IF UNDER THE AGE OF 18) SIGNATURE: _____

DATE: _____

WITNESS PRINT NAME: _____

WITNESS SIGNATURE: _____

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 on you is found in Article 6 of the Executive Law.

The information obtained will:

Be used to determine your qualifications for the position for which you are applying.

Be released to the Fire Chief and your potential supervisors; and be maintained in your personal file (if you become a fire company member). Failure to provide the information or authorization will result in your application not being considered for membership.

The information will be maintained by the Campbell District Board of Fire Commissioners and the Fire Chief of the Campbell Volunteer Fire Department, 8766 NY-415, Campell, NY 14821 Telephone number (607) 438-8547

APPLICANT'S AUTHORIZATION FOR RELEASE OF INFORMATION

In order to confirm the information I supplied on my application for membership with the Campbell Volunteer Fire Department, Inc., I authorize all licensing agencies, educational institutions, law enforcement agencies, present and former employers, and military services to disclose their relevant records about me to the Campbell Volunteer 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 any 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 Print Name: _____

Applicant Signature: _____

Date: _____

Parent/Legal Guardian (if under the age of 18) Printed Name: _____

Parent/Legal Guardian (if under the age of 18) Signature: _____

Date: _____

Witness Print Name: _____

Witness Signature: _____

Date: _____