



Welcome to the Richmond Fire Department!

Here is an explanation of what you can expect during your orientation process.

Fill out your application, and submit to Eric Lang, Membership Committee Chair.
His number is (585)721-3761



The membership committee will then contact you to set up an interview. Don't worry it's not a typical interview, so no need to dress up. This is just for us to see where you fit best in the department, and ensure you get everything you are looking for.
During this time you will be subjected to a background check, this is all required by law.



Pending a clear background check, you will then be asked to attend the monthly fire commissioners meeting, these are the people who insure us, and they like to meet all of the new candidates and welcome them into the department.



You're in! We will need to set you up with the things you will need to respond. Below is a list of the people who take care of that...

EQUIPMENT AND COMMUNICATIONS		
ITEM	WHO TO SEE	NUMBER
FIRE HALL TOUR	ANY OFFICER	
EPCR SET UP	BRUCE CAVARETTA	(585)202-1766
GEAR	ROBBIE DUVALL	(585)354-8019
FIREHALL KEY, AND PAGER	MARK STATT	(585)509-4842
PERSONNEL FILE SET UP	EMS OFFICER	
IAMRESPONDING, e911, EMAIL(OPTIONAL)	DAVID HUBBLE	(585)406-1067
DEPARTMENT CLOTHING	JIM WEBER	(585)354-8018



Richmond Fire Department APPLICATION FOR MEMBERSHIP

Date _____

1. PERSONAL INFORMATION:

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

A. Social Security Number: _____ - _____ - _____

B. Date of Birth: _____

C. Drivers License Number: _____

Issuing State: _____ Class of License: _____

Expiration Date: _____

D. Are you a U.S. citizen? _____

E. List all other names by which you have been known... (female applicants should list maiden name also)

F. Please attach a copy of drivers license and any other certifications or licenses with this completed application

2. ADDRESS:

(Address) (Apt.)

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

How long have you lived at your current address? _____

A. List Any Previous Addresses In The Last Five (5) Years:

3. CONTACT INFORMATION:

Home Phone _____ Cellular Phone: _____

E-mail address: _____

4. EDUCATION

Name of School	Dates	Course of Study	Graduated

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

5. EMERGENCY SERVICES EXPERIENCE: (Fire-Rescue, Police or EMS)

A. Name of Agency _____

Address _____

Contact Person _____ Telephone _____

What were your dates of service: _____

What was your reason for leaving? _____

B. Name of Agency _____

Address _____

Contact Person _____ Telephone _____

What were your dates of service: _____

What was your reason for leaving? _____

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

6. EMPLOYMENT HISTORY:

A. Chronologically list your employment history for the last ten (10) years...include part-time, summer and list any periods of unemployment.

May we contact your present employer? (____) No (____) Yes

Name and Address of employer	Dates	Duties	Immediate Supervisor	Reason for Leaving
A. (Present Job)				
B.				
C.				
D.				

7. MILITARY RECORD:

A. Have you ever served on active duty in the Armed Services ? () No () Yes

B. If yes, please indicate the following:

Branch _____ Serial No. _____ Rank _____

Dates of Service: _____ to _____ Type of Discharge: _____

Member of Reserves? () No () Yes Branch _____

Member of National Guard at Present? () No () Yes

8. COURT RECORD:

List all convictions for criminal or traffic violations (except parking tickets) Use attached sheet if needed.

Date	Agency	Charge	Disposition	Comments

9. AVAILABILITY

A. Please indicate your availability to participate in normally required activities (meetings, drills, and emergency calls).

Please check the appropriate time periods:

Week Days: Days _____ Evenings _____ Nights _____

Weekends: Days _____ Evenings _____ Nights _____

10. MEDICAL CLEARANCE:

A. Firefighter, EMS driver and Emergency Medical Technician candidates must pass a required physical examination before becoming a member. A designated physician will provide you with a free medical examination.

Will you be willing to undergo a medical examination? Yes _____ No _____

11. Fire Department Member References (if any)

B. Please list the names of any acquaintances or family members that are members of this organization:

12. What positions are you interested in within the Fire Department?

___ EMT ___ Ambulance Driver ___ Fire Apparatus Driver ___ Interior Firefighter
 ___ Exterior Firefighter ___ Helper on Ambulance ___ Fire Police ___ Other

APPLICATION FOR MEMBERSHIP ADDITIONAL INFORMATION

Please provide any additional information you would like the Membership Committee to take into consideration when reviewing this application.

13: PRIVACY NOTIFICATION

WITHIN THE FREEDOM OF INFORMATION LAW, ALL INFORMATION CONTAINED/OR OBTAINED HEREIN WILL REMAIN CONFIDENTIAL AND WILL BE USED ONLY 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 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 that 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:

- 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 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 Secretary

14: APPLICANT’S AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I _____, do hereby authorize a review and full disclosure of records concerning myself to the Richmond Fire Department, the Ontario County Sheriffs Office and designated persons working on their behalf, whether the information be of public, private, or confidential nature; and I release them from any liability and responsibility from doing so.

The intent of this authorization is to give my consent for full and complete disclosure of records of all licensing agencies, educational institutions, and law enforcement agencies.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release of authorization will be considered in determining my suitability for membership in the Richmond Fire Department. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. I further release the Richmond Fire Department, and the Ontario County Sheriff’s Office from any and all liability which may be incurred as a result of collecting such information.

A PHOTOCOPY OF THIS RELEASE WILL BE AS VALID AS AN ORIGINAL THEREOF, EVEN THOUGHY THE SAID PHOTOCOPY DOES NOT CONTAIN AN ORIGINAL WRITING OF MY SIGNATURE.

I have read and fully understand the contents of this “Authorization for Release of Personal Information.”

Applicant Signature

Date

Social Security Number

Witness Signature

Date

Title

REFERENCES

Please provide 3 references:

Name	Relationship	Contact Number

I authorize the Richmond Fire Department to contact the above references, as well as any Fire/EMS agencies I am or have been affiliated with.

Sign: X _____

Date: _____

**Richmond Fire Department
PO Box 469
Honeoye, NY 14471**

**Application for membership
Richmond Volunteer Exempt Fireman's Benevolent Association, Inc.**

Last name:	First name:	Middle initial:
Street address:		
Post office:	State:	Zip code:
Home phone number:	Cell phone number:	Date of birth:

I, _____, hereby make application in the Richmond volunteer exempt fireman's benevolent association, inc.

I am an active / exempt (*please select one*) firefighter of the Richmond Fire Dept. of Honeoye / Richmond New York, and served _____ years and _____ months, in such department from _____ to _____.

I never have been expelled or removed for cause, or dropped from the rolls of any exempt association, fire company, or fire department. If elected I agree to abide by the by-laws.

Signature	Print	Date

Approved by Investigating Committee:

Signature	Print	Date

Application received with initiation fee:

Financial Secretary	Print	Date

Application Process and Signatures

Step 1: Application received with \$5.00 application fee.

Recording Secretary Signature	Print	Date

Step 2: Applicant submitted for background check. Application **ACCEPTED/DENIED**

President / Chief Signature	Print	Date

Step 3: Application submitted to Membership Committee Chair by Recording Secretary:

Membership Chair Signature	Print	Date

Step 4: Application review by Membership Committee. The Richmond Fire Department Membership Committee has reviewed the above application, the three character statements, and the report of the physician pertaining to the above named applicant. We have personally interviewed the applicant on the ____day of _____20____ and **GRANT / DENY** Probationary Membership status.

If Probationary Membership status is granted, applicant may participate as a Probationary Member.

The Committee will report to the membership at the next regularly scheduled business meeting. Signature and names of all members present at the personal interview:

Committee Member Signature	Print	Date

Step 5: Application received from Membership Committee Chair

Recording Secretary Signature	Print	Date

Step 6: Fire Commissioner’s Approval. The above named applicant has been granted Probationary Membership status in the Richmond Fire Department. We submit this application for your action and consideration to **GRANT / DENY** applicants request for full Active Membership following their probationary period.

Fire Commissioner Signature	Print	Date

Step 7: Application received from Richmond Fire District and placed on permanent file.

Recording Secretary Signature	Print	Date

Step 8: Upon completion of applicants probationary period, the Membership Committee recommends full Active Membership be **GRANTED / DENIED** this applicant.

Recording Secretary Signature	Print	Date

Step 9: Upon recommendation of the Membership Committee, the department membership has voted to **GRANT / DENY** full Active Membership to this applicant.

Recording Secretary Signature	Print	Date

Application Process

In ALL cases completed applications will be placed in an envelope labeled with applicant name . Applications will NOT be passed between authorized parties without being in an envelope.

Step 1: A completed application is placed in a sealed envelope and delivered to the Department Recording Secretary, along with the \$5.00 application fee. The Secretary will record receipt of application and fee, sign and date Step 1 signature block, make and retain a full copy of application form and forward application to the President. In the event President is not available within a reasonable amount of time, The Chief may be asked to execute the background check

Step 2: Applicant submitted for background check. Application **ACCEPTED/DENIED**. If accepted application is forwarded to Membership Committee Chair, or their designee. If denied a letter from the president will be send to applicant.

Step 3: Application received by Membership Committee Chair or designee. Step 3 signature block is signed and dated. Sixty (60) day timer is triggered.

Step 4: Application is reviewed by Membership Committee; once a decision has been reached the disposition will be reported to full membership at the next regular business meeting. Step 4 signature block is signed and dated by a majority of the Membership Committee.

Step 5: Application received back from Membership Committee Chair and recorded by Secretary. Signature block 5 is signed and dated by Secretary, The application forwarded to District Commissioners for action. If the Membership Committee has granted Probationary Membership status, applicant may participate as a Probationary Member. Forty (40) and Seventy (70) day timers are triggered.

Step 6: Fire Commissioner's Approval. The District Commissioners will consider applicants request for full Active Membership upon successful completion of probationary period and recommendation of the Membership Committee. Step 6 signature block is signed and dated by District Commissioners and returned to the Department Secretary.

Step 7: Application received from Richmond Fire District and placed on permanent file. Step 7 signature block is signed and dated by the Secretary. In not less than twelve (12) months, and no longer than twenty-four (24) months, the Membership Committee will review applicants request for full Active Membership.

Step 8: Upon successful completion of the probationary period the Membership Committee will recommend full Active Membership be **GRANTED / DENIED** this applicant, and will report their recommendation to the Department Secretary. Step 8 signature block is signed and dated by the Secretary

Step 9: Upon recommendation of the Membership Committee, the Department Membership will be notified at the next regularly scheduled business meeting and vote to **GRANT / DENY** full Active Membership to the applicant. Step 9 signature block is signed and dated by the Secretary.