

APPLICATION FOR MEMBERSHIP



TAUNTON FIRE DEPARTMENT
4300 Onondaga Blvd.
Syracuse, NY 13219
Station 1: 315-488-7004
Fax: 315-468-1276

Thank you for your interest in becoming a member of the Taunton Fire Department, a fire department comprised of volunteer members working together to serve the residents and businesses of the Town of Onondaga, NY. We welcome all who are interested in volunteering their time and talents to this innovative department. Our ranks of membership include those interested in serving as firefighters and those who may wish to give something back to their community by volunteering their administrative and support expertise to the fire department. No experience is required.

In the event you have any questions about the application for membership, the Taunton Fire Department, or learning more about how you can volunteer your time to our community, please call 315-468-1011 and ask to speak with someone from the Membership Committee. We are looking forward to hearing from you.

On completion of this application, please return it either by mail to the address above or drop it off at the fire station.

Application for Membership

Class of membership requested (please select one from each category below):

_____ RAM (16 – 18 years old) _____ Firefighter(18 - older)
_____ Corporate _____ Student Bunk-in

A RAM (restricted active member) is anyone who wishes to participate between the ages of 16-18 years old. They have the abilities to perform firefighter duties with strict restrictions due to age, also needed is parental consent.

Firefighter (18-older) is defined as anyone who wishes to take part in the day to day operations of the fire department. Duties could pertain to Firefighting, Medical Emergency or Scene Support Operations.

Corporate members aid in the financial section of the fire department. Their duties fall within the business end of the fire department

Student Bunk-in's are individuals who attend Onondaga Community College and stay at the fire station. They are obligated to perform duty shifts and respond to emergencies while they take part in their education at the college level.

Please print clearly and legibly.

Date of Application: _____

PERSONAL INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: _____ How long at above address: _____

Cell Phone #: _____ Cell phone carrier: _____

Previous Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: ____/____/____ Age: _____ Sex: _____

E-Mail Address: _____

Driver's License #: _____ State of License: _____ Exp. Date: _____

Have you ever been convicted of arson? Yes No

Have you ever been convicted of sexual abuse? Yes No

If yes, please explain: _____

EMERGENCY CONTACT

Name: _____ Relationship: _____

Address: _____ Phone #: _____

City: _____ State: _____ Zip Code: _____

EMPLOYMENT INFORMATION

Present Employer: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Occupation: _____ Phone #: _____

EDUCATION

Name of last school attended: _____

Highest grade, level, or degree achieved: _____

Military Experience

Branch Served	From	To	Discharge Type

REFERENCES (Do not use any members)

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Name: _____ Phone #: _____

List any members of the Taunton Fire Department that you are acquainted with

Name: _____

Name: _____

Name: _____

The essential job functions of a volunteer firefighter in the Taunton Fire Department include, but are not limited to the following: climbing, lifting heavy objects, dragging, pulling, wearing heavy protective and respiratory equipment, carrying and operating heavy rescue tools, working for prolonged periods in potentially hazardous and enclosed environments, working in darkness or environments of temperature extremes, elevated levels of stress, and at elevated heights. Are you able to successfully complete these essential functions with or without reasonable accommodations?

Yes _____ No _____ N/A Corporate _____

If reasonable accommodations is required, please provide full details:

PRIOR EXPERIENCE

Have you ever been or are you currently a member of another fire company, ambulance, or rescue squad: Yes _____ No _____ if yes, please complete the following:

Company Name: _____

Address: _____

Position(s) Held: _____

Contact Name & Phone #: _____

List below the fire, rescue, emergency, hazardous materials class, courses, and seminars completed. Please use additional sheets if necessary. Please also attach copies of all certificates received for classes completed.

Name of Class	Training Facility & Location	Date of Completion

The Taunton Fire Department has permission to discuss, for Fire Department purposes, the content of this application with anyone except as noted here:

_____ If none, so state: _____

Eligibility for membership in the Taunton Fire Department is subject to and contingent upon a satisfactory arson background investigation and approval by the membership committee and voted on by the general membership.

I hereby release and hold harmless from liability the Taunton Fire Department any and all other persons, companies, corporations, schools, colleges, or Police Departments supplying information pertaining to this application.

Yes _____ No _____ Initial: _____

The information given on this application is true and correct to the best of my knowledge, and I hereby give the Taunton Fire Department permission to verify any or all of its contents as necessary. I also understand that I must attend a minimum of (10) Training Drills and (2) Business Meetings every 6 months and every alarm possible to maintain membership.

Applicant's signature: _____ Date: _____

RAM (restricted active member)

I/We the parent(s)/guardian(s) of _____ are giving permission for our son/daughter to apply for membership in the Taunton Fire Department. I/We, also, give permission for our son/daughter to perform in the duties and functions as required and as allowed by governing state laws. The junior firefighter applicant must also abide by the Taunton Fire Department's SOG (Standard Operating Guideline) for junior firefighters.

Parent(s)/Guardian(s) Signature Date

Printed Name

School now attending: _____ Grade: _____

AUTHORITY TO RELEASE INFORMATION

Applicant's Name: _____
 First Last MI

Date of Birth: _____ Social Security #: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ E-Mail Address: _____

Driver's License #: _____ State: _____ Exp. Date: _____

I certify that the facts contained in this Application are true and correct to the best of my knowledge. I fully understand that any false statement will be considered as justifying grounds for denial of membership or subsequent dismissal. I hereby authorize any criminal justice officer, or other authorized representative of the Taunton Fire Department bearing this release, to obtain any and all information available from my past and present employers, credit references and criminal records. I request that the custodian of records, in each case, permit my records to be examined, copied, or otherwise reviewed. I hereby release and hold harmless any such authority, including its employees or related personnel, both individually and collectively, from any and all liability from damages of whatever kind which may at anytime result to me, my heirs, family, or associates because of compliance with this authorization and request to release information. I fully understand that if accepted, my membership is governed by the Charter, By Laws, and Standard Operating Procedures of the Taunton Fire Department. All Information obtained will be held in strictest confidence.

Applicant's Signature: _____

Date: _____

Parent(s)/Guardian(s) Signature:

(If applicant is under 18 years old)

A physical examination is required by OSHA and/or Departmental regulations prior to becoming a firefighter. The Taunton Fire Department will provide a free physical upon request by the department physician if you are unable to obtain your own. If you choose to utilize your primary physician the department will provide you with the required physical form. Do you request the Department physician? Yes _____ No _____

FOR FIRE DEPARTMENT USE ONLY			
1. Membership application completely filled out and submitted to committee.			
Yes	No	Received by:	Date:
2. Interview Date:			
Applicant found favorable. Yes		No	
Comments:			
Interviewing Committee Member:			
Interviewing Committee Member:			
Interviewing Committee Member:			
3. Applicant location information			
Lives within	Fire District:	Out of District Yes	No
4. Background Check?			
Submitted to OCSD by:		Date:	
Positive/Negative check received from OCSD by:		Date:	
5. Physical Completed? Yes		No	Date:
6. Application presented to the membership during business meeting:			
Date:	Election teller:	Election teller:	
Voting results: Yes		No	
8. Application delivered to the Town of Onondaga: Yes		No	Date:
9. Letter received back from Town of Onondaga: Yes		No	Date:
10. Denial / Approval letter sent to applicant: Yes		No	Date:



The Town of Onondaga is the sponsor and administrator of a Length of Service Award Program (known as a "LOSAP") for Active Members of the Taunton Fire Department. Firefly Admin Inc. assists the Town with the administration.

In order to participate in the LOSAP and earn a benefit, you must be over age 18 and earn 50 points under the Point System in a calendar year. With this New Member Form, you have been provided with a Beneficiary Designation Form, a copy of the Point System and the Plan Summary. The Plan Summary will give you details about the benefits you can earn, the vesting schedule, and other important details. Please read it carefully. These documents can be accessed on-line at:

fireflyadmin.com/TFD34052.

Completing this form does not mean you will be eligible for a benefit from the Program. However, since the purpose of the LOSAP is to provide cash payment once certain eligibility requirements are met, the Town must receive all the information requested on this form. If you do not wish to participate in the LOSAP you may waive your right to participate; contact the Fire Department or Town for that form or obtain one at the web address noted above. The Town Board will not approve your application for active membership without a completed New Member Form and a completed Beneficiary Designation Form, or a Participation Waiver.

All information provided will be used by the Town and Firefly Admin Inc. for the exclusive purposes of the LOSAP. Your personal information will not be released to any third party unless we are required to provide some or all of it to the IRS or the financial institution which will pay LOSAP benefits to you or your beneficiary, or if you authorize the release of the information.

Any questions relating to the Program should be directed to the Town Clerk or the Fire Department. Please **PRINT** clearly and keep a copy for your records.

1. New Member Information

Name: _____ SSN: _____

Mailing Address: _____

Birthdate: _____ Start/Join Date: _____

Phone: _____ Email: _____

If you were formerly a volunteer firefighter in one of the eight Town Fire Departments, please enter the Fire Dept. and dates of service: _____

2. Acknowledgement

I hereby certify that: (1) the information I provided above is true and accurate; (2) I have received the Plan Summary and Point System; (3) I agree to participate in the LOSAP in accordance with the Plan Summary, Point System, and other governing documents, rules, and laws; (4) no tax or legal advice has been given to me by either the Town of Onondaga or Firefly Admin Inc. regarding my participation in the LOSAP; and (5) I accept the responsibility to seek my own tax and legal advice regarding the possible cash payment(s) I may receive after meeting the eligibility requirements.

Participant signature _____ Print name _____ D



IMPORTANT INFORMATION REGARDING THIS FORM

This form is used to designate the individual(s) you wish to receive any benefit that may be payable from the LOSAP upon your death. New York State General Municipal Law stipulates that if no beneficiary is named, or if you outlive all your beneficiaries, death benefits must be paid to your estate. Completing this form does not mean a death benefit will be payable.

This beneficiary form will supersede any previous designation. Therefore, if you want to add or delete a beneficiary, you must fully complete this form with all beneficiaries you wish to designate. Before naming your estate or a minor child as a beneficiary, it is strongly suggested that you seek legal advice.

The percentage allocated to each beneficiary within a class (primary and contingent) must add to 100%. If it does not, this form will not be valid, and you must complete a new form.

Return the completed form to the Town of Onondaga Town Clerk and keep a copy for your records.

Please **PRINT** clearly, using only blue or black ink (not pencil or other color).

Participant Information

Name: _____ SSN: _____

Mailing Address: _____

Birthdate: _____ Phone: _____ Email: _____

Designation of Primary Beneficiary(ies). I hereby name the following beneficiary(ies) to receive the percentage I have inserted below of any death benefit payable on my behalf. If any, but not all, of the primary beneficiaries designated predeceases me, the total benefit will be paid to the surviving primary beneficiaries in proportion to the respective percentages I have inserted below.

%	Full Name	SSN	Address	Birthdate	Relationship

Designation of Contingent Beneficiary(ies). If all of the designated primary beneficiaries die before I do, I hereby name the following beneficiary(ies) to receive the percentage I have inserted below of any death benefit payable on my behalf. If any, but not all, of the contingent beneficiaries designated predeceases me, the total benefit will be paid to the surviving contingent beneficiaries in proportion to the respective percentages I have inserted below. If I outlive all named primary and contingent beneficiaries, any benefit payable should be paid to my estate.

%	Full Name	SSN	Address	Birthdate	Relationship

This form must be signed and dated to be valid. Please print and sign your name where indicated.

Print Name: _____ 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: _____

FIRE CHIEF NAME: _____ SIGNATURE: _____

ADDRESS: _____

TELEPHONE NUMBER: _____ FAX NUMBER: _____

1. NAME (LAST, FIRST, MIDDLE)	2. ADDRESS (Street, City, Zip Code)
-------------------------------	-------------------------------------

3. ALIAS AND/OR MAIDEN NAME	4. SEX M <input type="checkbox"/> F <input type="checkbox"/>	5. RACIAL APPEARANCE White <input type="checkbox"/> Black <input type="checkbox"/> Indian <input type="checkbox"/> Asian <input type="checkbox"/> Unknown <input type="checkbox"/> Other <input type="checkbox"/>
-----------------------------	---	--

6. ETHNICITY Hispanic <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Unknown <input type="checkbox"/>	7. HEIGHT Ft. _____ In. _____	8. DATE OF BIRTH Month _____ Day _____ Year _____	9. PLACE OF BIRTH
--	----------------------------------	--	-------------------

10. SOCIAL SECURITY NO. _____

RESULTS OF INQUIRY	INVESTIGATING OFFICER: _____ DATE _____ (PRINT NAME/TITLE)
	INVESTIGATING OFFICER SIGNATURE _____
	<input type="checkbox"/> NO RECORD OF AN ARSON CONVICTION OR A CONVICTION REQUIRING REGISTRATION AS A SEX OFFENDER
	<input type="checkbox"/> CONVICTED OF ARSON; NO RECORD OF A CONVICTION REQUIRING REGISTRATION AS A SEX OFFENDER
	<input type="checkbox"/> CONVICTED OF A CRIME REQUIRING REGISTRATION AS A SEX OFFENDER; NO RECORD OF AN ARSON CONVICTION
<input type="checkbox"/> CONVICTED OF ARSON AND CONVICTED OF A CRIME REQUIRING REGISTRATION AS A SEX OFFENDER	