

ph. 607 749-4422

*Spafford Volunteer Fire Department Inc.*

*660 Rt. 41 Homer, NY 13077*

**Support Member Application**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last First MI

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_

Street or PO box

# Cell Phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Provider \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of Employment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ph # \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Drivers License Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_

Drivers license class \_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Why do you want to become a Support Member?

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Do you have a particular expertise that would benefit the fire department?

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Do you think you might want to become an active First Responder at some time? Yes or No

(Continued on back)

If the Applicant is under the age of eighteen Parental or Guardian signature is required

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/ Guardian print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

*All applicants for membership as a Support Member in the Spafford Fire Department must appear before the Executive Board of the fire department upon completion of this application. Upon approval of the Executive Board, the candidate, if age eighteen or above, must undergo a mandatory criminal background check. Any convictions for Arson or Sex Abuse are an automatic nullification of the application. Once the board gives approval the applicant's name is then brought before the membership of the Spafford Fire Department for approval.*

*Print name*

*I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby consent to a criminal background check for any criminal convictions including arson and sex abuse as prescribed by New York State law, and I agree to comply with the application process.*

*Signature of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_*

*Board of Directors approval: Yes \_\_\_\_ No \_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Arson conviction check: Accepted \_\_\_\_\_\_ Rejected \_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_*

*Sex Offense conviction: Accepted \_\_\_\_\_ Rejected \_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Membership approval: Yes \_\_\_\_\_ No \_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Presidents signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*