



MASSENA VOLUNTEER EMERGENCY UNIT, INC.

341 E. Orvis Street ~ Massena ~ New York 13662

APPLICATION FOR MEMBERSHIP

___ Regular Member ___ Associate Member Date: _____
 Home Agency _____

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

2. _____
 (Address) (Apt./Suite No.) (Email)

(City Town Village) (State) (Zip Code)

3. Telephone: (_____) _____ (_____) _____ (_____) _____
 (Home) (Work) (Cell)

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

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

6. Are you 18 years of age or older? Yes ___ No ___ If NO, state your age. _____

7. Is additional information about a change in your name or your use of an assumed name or nickname necessary to enable a check on your eligibility for membership? Yes ___ No ___ If "Yes", explain.

8. Are you currently employed? Yes ___ No ___
 If "Yes" give employer information below. May we contact your employer as a reference? Yes ___ No ___
 Name of Company _____
 Address _____ Telephone _____

9. Do you have a valid New York State Drivers License? Yes ___ No ___ License # _____

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

Please check appropriate time periods.

Week Days:
 Days _____ Evenings _____ Nights _____

Weekends:
 Days _____ Evenings _____ Nights _____

11. Previous emergency services experience: (include only fire, rescue, police, and emergency medical service agencies).

Name of Agency _____

Address _____

Contact Person _____ Telephone _____
(If more space is needed, please identify on attached sheet)

12. Have you ever been a member of the United States Armed Forces? Yes ___ No ___

A. If the answer is "Yes" did you receive an Honorable discharge? Yes ___ No ___
If "No", indicate your discharge type: _____.

*Dishonorable discharge is not an absolute bar to membership. This and other factors will affect a final membership decision.

B. If the above answer to # 12 is "Yes", give complete details in the space provided for additional information on the last page (include service branch and service dates).

13. Have you ever been convicted or pled guilty to a felony, misdemeanor, insurance fraud, arson, or a reduction of one of these offenses? Yes ___ No ___ If "Yes" give details on the attached sheet.

14. Please list three personal references, other than members of this organization, who have known you for at least 3 years.

A. Name _____ Telephone _____
Address _____

B. Name _____ Telephone _____
Address _____

C. Name _____ Telephone _____
Address _____

15. Please list the names of any acquaintances that are members of this organization:

16. Our By-Laws require that you pass a physical examination and drug test before becoming a member. The department's designated physician will provide you with a free medical examination. Will you be willing to undergo a medical examination and drug test? Yes ___ No ___

A. Will you be willing to undergo random drug screenings once you become a member? Yes ___ No ____.

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 _____

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 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 President and your potential supervisors; and be maintained in your personnel file (if you become a rescue squad member) or in our resume file for six months (if you are not a rescue squad member).

Failure to provide the information or authorization will result in your application not being considered for membership.

The information will be maintained by:

President of the

Massena Volunteer Emergency Unit, Inc.

341 E. Orvis Street, Massena, NY 13662

(315) 764-1744



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APPLICANT AUTHORIZATION FOR RELEASE OF INFORMATION

In order to confirm the information I supplied on my application for membership with the Massena Volunteer Emergency Unit, Inc., I authorize all licensing agencies, educational institutions, law enforcement agencies, present and former employers, and the military services to disclose their relevant records about me to the Massena Volunteer Emergency Unit, Inc., 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 Signature)

(Applicant Name)

(Please Print)

WITNESSED BY:

(Witness Signature)

(Witness Name & Title)

(Please Print)