



# Cambria Volunteer Fire Company, Inc.

4631 Cambria-Wilson Road  
Lockport, New York 14094-9738  
(716) 434-8948 Phone  
(716) 434-3468 Fax



### Personal Information – Please PRINT All Information

Name: \_\_\_\_\_ Email \_\_\_\_\_

Address: \_\_\_\_\_

City + State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

#### List any previous address's within the last (10) ten years:

Address	City	State	Zip Code
Address	City	State	Zip Code

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Sex:  Male  Female

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Marital Status (Check One):  Married  Single  Divorced  Separated

Do you have a valid New York State driver's license?  Yes  No

License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Interested in (Check all that apply):  Fire / Rescue  Emergency Medical  Fire Police  Social Member

### Employment (List most recent first)

Company and Supervisor	Address	Phone	Position	Dates of Employment

### Character References (Please list three)

Name	Address	Phone

### Related Experience

Have you ever been a member of another Fire or EMS department?  Yes  No

Where? \_\_\_\_\_ How Long? \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

List all Fire, Rescue and Emergency Medical related courses you have taken + passed.

_____	Date: _____
_____	Date: _____
_____	Date: _____
_____	Date: _____

(Please submit all course listings with copies of certificates along with this application)

**Education**

School	Address	Major	Date / Type of Degree

**Medical**

Do you have any present medical problems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you presently under a Doctor's care?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any physical disabilities or restrictions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have allergies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you allergic to any medications?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you have answered yes to any of the above questions, please explain below. (In general terms only)		
<p><i>For active service as a Fire, Rescue or Emergency Medical Services provider, you must pass a Cambria Volunteer Fire Company sponsored and paid for, physical. All medical information from this physical is privileged information and <u>will not</u> be given to the Fire Company. The only thing the Fire Company receives is a statement, from our Medical Provider listing whether you passed the examination and if you are eligible for Firefighter status as;</i></p> <p><b>1 – Interior Firefighter</b> (able to wear all firefighting gear with breathing apparatus – no physical impairments to strenuous physical exercise)</p> <p><b>2 – Exterior Firefighter</b> (able to wear all firefighting gear <u>without breathing apparatus</u> – no physical impairments to strenuous physical exercise)</p> <p><b>3 – Utility Firefighter</b> (physical impairment excluding you from wearing firefighting gear &amp; breathing apparatus)</p>		
Are you willing to have a physical examination paid for by the Fire Company?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

***Fire Company physicals are required as follows;***

Interior firefighters up to age (40) – every 2-years. Interior firefighters over age (40) – every year.  
 Exterior and Utility firefighters – every 2-years. Social members – no physical required.

**Participation**

Are you available for our Monday evening meetings and Thursday evening drills?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fund drive participation is mandatory – are you willing to participate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you out of town for extended periods of time?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes – please explain; _____		
Why do you wish to join the Cambria Volunteer Fire Company?		

**In Case of Emergency Notify**

Name:	_____		
Address:	_____		
City:	_____	Zip:	_____
Phone:	Cell:	Relationship:	

We appreciate your application for membership. The information you have supplied on this application and during your Fire Company Executive Board interview may be subject to inquiry and will be subject to a vote of approval by the Fire Company membership and the Cambria Town Board. You will be notified, by mail of the membership vote.

- I certify that, pursuant to section 837-0 of the Executive Law, I give the Cambria Volunteer Fire Company, Inc. permission to conduct an arson background check (form DCJS-9)
- Applicant is aware and agrees by their signature below, that the arson and criminal background checks will be disclosed to the Board of Directors and the voting membership of the Cambria Volunteer Fire Company.
- Applicant is further aware and understands that failure to complete this form or if an arson conviction is found, they will not be eligible for membership with this company.
- Applicant is further aware and understands that if a criminal conviction is found they may not be eligible for membership with this company.
- I certify that, if accepted, I will comply with the rules and by-laws of the Cambria Volunteer Fire Company, Inc.
- I also understand that any omission or misrepresentation by me on this application may be cause for my rejection or expulsion.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Recommendation (by two current CFC members):**

To the best of my knowledge, the above information is accurate. I recommend this candidate for membership in the Cambria Volunteer Fire Company, Inc.	Date: ____/____/____
	Date: ____/____/____

**Executive Board Interview:** \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Signatures of Executive Board Members and Recommendations:**

	<input type="checkbox"/> Accept	<input type="checkbox"/> Decline	<input type="checkbox"/> Further Investigation	<input type="checkbox"/> Put on Hold
Signature: _____	Recommendation: _____			
	<input type="checkbox"/> Accept	<input type="checkbox"/> Decline	<input type="checkbox"/> Further Investigation	<input type="checkbox"/> Put on Hold
Signature: _____	Recommendation: _____			
	<input type="checkbox"/> Accept	<input type="checkbox"/> Decline	<input type="checkbox"/> Further Investigation	<input type="checkbox"/> Put on Hold
Signature: _____	Recommendation: _____			
	<input type="checkbox"/> Accept	<input type="checkbox"/> Decline	<input type="checkbox"/> Further Investigation	<input type="checkbox"/> Put on Hold
Signature: _____	Recommendation: _____			

**Comments:** \_\_\_\_\_

**Fire Company Membership Vote:** \_\_\_\_\_ Yes \_\_\_\_\_ No Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Comments:**

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**If Yes – membership submitted to the Cambria Town Board on:** \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_