

East Avon Fire Department



New Member Application

Dear Prospective Member,

Thank you for showing interest in becoming a member of the East Avon Volunteer Fire Department, Inc. Included in this packet are the membership application, criminal history request form, physical authorization form and medical release forms. New York State Law requires volunteer fire departments to check for arson arrest and/or convictions of prospective members. This check is for arson and/or convictions only.

Once you have completed the application and arson arrest and/or convictions for, you will need to hand the completed forms to a Board Member or the President. Along with the application and Criminal History Request Form, you will need to bring a \$10.00 application fee. You must also attend the Board of Directors Meeting. The Board of Directors meets the 2nd Monday of each month at 7:00pm at Station location at 1615 W Henrietta Rd. If you cannot attend this meeting, arrangements will be made to meet either the Board of Directors or Representatives of the Board at an alternate time.

After you attend the Board of Directors Meeting, prior to you becoming a probationary member of East Avon Volunteer Fire Department, you must attend a Business Meeting. This meeting is held the 2nd Tuesday of each month at 7:00pm at Station 1 located at 1615 W Henrietta Rd. AT this meeting, should there be no problems, you will be accepted as a member, pending return of your physical and background check. If you cannot attend this meeting, please advise the Board of Directors at their meeting, in writing on why you are unable to attend (ex: you have to work that evening).

All new hire employees must complete a physical with the Town of Avon Fire District agency contracted medical provider before presenting in front of the Commissioners within 1 month of the Monthly Meeting.

If you have any questions, you may contact any Line Officer or Board Member. You may also leave a message on the answering machine at Station 1 by calling 585.226.8207.

Thank you!

Application for Membership to the East Avon Fire Department

Last Name _____ First Name _____ MI _____

Address _____

City/Town _____ State _____ Zip _____

Phone Number _____ Cell Phone Provider _____

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

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

Are you 18 years of age or older? Yes _____ No _____ If no, state your age _____

Is additional information about a change in your name or your use of assumed or nickname necessary to enable a check on your eligibility for membership? Yes _____ No _____

If YES, please explain _____

Employment

Are you currently employed? Yes _____ No _____

If YES, please provide employer information below.

Name of Company _____

Address _____ Phone _____

May we contact your employer as a reference? Yes _____ No _____

Do you have valid NYS Drivers License? Yes _____ No _____

Upon being accepted as a member of the company, you may be asked to answer specific questions about your license and your driving record. Your drivers license number will also be kept on file.

Availability

Please indicate your availability to participate in normally required Fire Department activities (i.e. Meetings, Drills and Emergency Calls):

Monday thru Friday Days _____ Evenings _____ Nights _____

Weekends Days _____ Evenings _____ Nights _____

Previous Emergency Services Experience

Pleas include only fire, rescue, policy and emergency medical service agencies.

Name of Agency _____

Address _____

Contact Person _____ Phone _____

Background

Have you ever been convicted or plead guilty to a felony, misdemeanor, insurance fraud, arson or a reduction of one of these offenses? Yes _____ No _____

If YES, please provide details on a separate sheet.

Personal References

Please list 2 personal references, other than members of this organization, who have known you for at least 2 years.

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

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

_____	_____
_____	_____
_____	_____
_____	_____

Firefighter Physical

OSHA regulations require that you pass a physical examination before becoming an Interior Structural Firefighter. The Fire Districts designated physician will provide you with a free medical examination. Will you be willing to undergo a medical examination? 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 APPLICATION WHO AFFIRMS THAT THE STATEMENTS MADE HEREIN ARE TRUE UNDER THE PENALTIES OF PERJURY.

APPLICANT SIGNATURE _____

DATE _____ / _____ / _____

WITNESSED BY _____

DATE _____ / _____ / _____

PRESIDENT SIGNATURE _____

DATE _____ / _____ / _____

PROBATION PERIOD START DATE _____ / _____ / _____

Section 94 of 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 will be maintained by the Company Secretary. The information obtained will be used to determine your qualification for the position you are applying; be released to the Fire Chief and your potential supervisors; and be maintained in your personnel file (if you become a member) or in our probationary file for six months (if you do not become a member).

East Avon Fire Department



***Organized in 1926
Serving the Town of Avon Fire District***

Applicants Authorization for Release of Information

In order to confirm the information, I supplied on my application for membership with the East Avon Fire Department, 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 East Avon Fire Department., whether the information be public, private or confidential in nature; and I release them from any liability and responsibility that may be requested.

This authorization, in original copy form, shall be valid for this and future information, reports or updates that may be requested.

I understand this form will accompany requests for official documents and confirmations of my credentials.

Applicant Name (Please Print) _____

Applicant Signature _____ Date _____

Witness By:

Name/Title (Please Print) _____

Witness Signature _____ Date _____

East Avon Fire Department Orientation Check List

- Please be sure to read the Prospective Member Letter & Physical Test Referral Instructions
- Hand the following documents to the President
 - Membership Applicant Release Form
 - Application
 - Arson Criminal Background Check
- Hand the following documents to the EMS Administrator:
 - East Avon Permission to Release Medical Information Form
 - Hepatitis B Form
 - Tuberculosis Form
 - Emergency Medical Form
 - NYS Mandated Child Reporter Information Form

Date of Business Meeting Probation Starts _____

6 Months from the Above Date _____

- Newest Protocols
- Contact List
- Exposure Control Plan
- EMT/CPR Card Copies
- Pager and Charger Form
- Key Fob
- Firefighter Number Request Form (Completed by a Line Officer)
- Helmet
- Interior Gloves
- Extrication Gloves
- Boots
- Turn-Out Coat
- Bunkers
- Ear Protection
- Eye Protection
- Fire Hood
- Locker Name Tag

East Avon Fire Department



Chief: Chris Batzel (FF/EMT-B)
EMS Administrator: Holly Batzel (FF/EMT-B)

Permission to Release Medical Information

Name _____ DOB _____

- Medical Records related to claim or current exam
- All medical records on file
- Diagnostic reports related to the claim or current exam
- All diagnostic reports on file
- Progress Reports
- Immunization Records
- Other: Firefighter Medical Records

I am granting permission to release the above information along with Northern Star Medical to the Town of Avon Fire District, East Avon Fire Department EMS Administrator.

I understand this consent will remain in effect:

- For the duration of this claim under Worker's Compensation or Disability.
- For the duration of the Medical Officer.

I may withdraw my consent in writing at any time except where a disclosure has already been made in reliance on my prior authorization. I also understand that privacy rules may not protect against redisclosure of this information.

Signature _____ Date _____

If a patient is a minor or is otherwise not capable of informed consent

I, _____ being the ___ PARENT ___ LEGAL GUARDIAN ___ OTHER ___ of the above named individual, have reviewed the above information and consent to the release/receiving of information as above.

Signature _____ Date _____

East Avon Fire Department

Please fill out the following for Emergency Contact Information. All information submitted will be confidential and kept with the EMS Administrator/Emergency Contact Personnel and will be used only in the event of an emergency. Any questions, please contact Holly Batzel.

Member Name _____

Address _____

Primary Phone _____ Secondary Phone _____

Employer _____

Name of Supervisor _____

Work Phone Number _____

Primary Care Physician _____

Address _____

PCP Phone Number _____

Allergies _____

Medications _____

Health Problems (includes if corrected with medications) Past/Present along with surgeries.

Emergency Contact (Primary)

Name _____

Relationship _____

Address _____

Phone Number _____

Emergency Contact (Secondary)

Name _____

Relationship _____

Address _____

Phone Number _____

East Avon Fire Department



*Chief: Chris Batzel (FF/EMT-B)
EMS Administrator: Holly Batzel (FF/EMT-B)*

Hepatitis B Immunization Consent/Refusal Form

Please check one of the following:

- I have already received the Hepatitis B Vaccine
 - I have provided the Town of Avon Fire District with the latest dates of the Hepatitis B Vaccine I have received.
 - 1st Dose –
 - 2nd Dose –
 - 3rd Dose –
- Yes, I want to receive the Hepatitis B Vaccine.
 - I understand this includes 3 injections at prescribed intervals over a 6-month period. I understand that there is no guarantee that I will become immune to Hepatitis B and that I might experience adverse side effects as a result of the vaccination. I also understand that the Town of Avon Fire District will cover all cost and that I will be my responsibility to get the shots on my own time.
 - 1st Dose –
 - 2nd Dose –
 - 3rd Dose –
 - Please be sure the Date Given, Lot #, Administered By, Next Due Date are listed on the above doses.
- No, I do not want to receive the Hepatitis B Vaccine.
 - I understand that due to my occupational exposure to blood or other potentially infectious material, I may be at risk of acquiring Hepatitis B (HBV). I was given the opportunity to be vaccinated with the Hepatitis B vaccine at no charge to me. However, I decline the Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at an increased risk of acquiring Hepatitis B, a serious disease. If in the future I want to be vaccinated with the Hepatitis B vaccine, I understand that I can receive the vaccine series at no charge.

Employee Name _____

Facility Town of Avon Fire District

Address _____

Phone Number _____

Signature _____ Date _____

East Avon Fire Department



Chief: Chris Batzel (FF/EMT-B)
EMS Administrator: Holly Batzel (FF/EMT-B)

Physical Test Referral Instructions

All new hire employees must complete a physical with the Town of Avon Fire District agency contracted medical provider once approved by the District Commissioners at their monthly meeting.

Please contact Northern Star Medical located 60 Finn Road, Suite A, Henrietta, NY 14467 at 585.359.3200 to schedule your appointment.

- Company Name is Town of Avon Fire District
- Make an appointment that is convenient for you
- Select Firefighter Physical (Interior/Exterior) and if you need any vaccinations offered by the Town of Avon Fire District.
- As a prospective member of the Town of Avon Fire District, the following exams/tests are offered at free of charge. It is up to you, the individual only, if you would like to get the exam/test done and are not mandated. If interested, please be sure to check off the following:
 - Hepatitis B
 - PPD (Tuberculosis) Skin Test

Any questions, please feel free to contact me at 585.313.5234 or hbatzel@eastavonfd.org.

Holly Batzel, FF/EMT-B
EAFD Emergency Medical Administrator/EMS Captain
585.313.5234
hbatzel@eastavonfd.org