

Welcome to the South Bay Volunteer Fire Department (SBFD). We are pleased that you have expressed an interest in joining our organization and hope that you will find it a rewarding experience.

The SBFD is made up of community members who have pledged to provide emergency service protection to the area. The area served by this department consists of South Bay and surrounding areas in Cicero. The department responds to over 400 emergencies each year.

As members of the SBFD we respond 24 hours a day to both fire and medical emergencies. Additionally, we are involved in training, special details, fire prevention, and some social functions sponsored by the Fireman's Association.

### Eligible applicants must:

- Be at least 18 years of age
- Have a high school diploma (or GED)
- Complete a membership application
- Reside in or work (40 hours) in the district
- Gain the approval of the Fire Department and Board of Directors
- Respond to 10% of emergency alarms per 12 month period December 1st to November 30th
- Attend 50% training sessions per year
- Complete the NYS Firefighting Essentials Course within one year of joining (there is no cost to you for training)
- Attend 50% monthly meetings per year
- Successfully complete the one-year probationary period.

#### **Member benefits**

There are many benefits to joining the SBFD and helping the community. Some of the benefits of membership include:

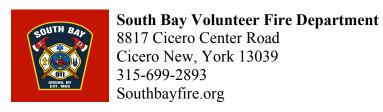
- Pride that comes with being part of a team that protects both life and property in and around Town of Cicero
- The opportunity to be trained in many skills that are useful to your family and friends
- Service Award Program (a retirement program)
- Continuing education at Onondaga Community College
- A life insurance policy

### **Next Step:**

If you believe you have the time and interest to become a firefighter in the South Bay Volunteer Fire Department, please

- 1. Complete the application. Most computers will allow you to enter text from computer if your computer has Adobe Reader or a similar product for PDF files. Save to your computer after completing.
- 2. Either mail it to the address above or email it to **info@southbayfire.org.** If you have questions, please contact us at (315) 699-2893

## **South Bay Volunteer Fire Department Member Application** - Page 1 of 5



# **Application for Membership**

All applications are subject to a background check

### **General Information**

Name:			Date of application:	
Address:	C	lity:	Zip code:	
Home phone:	Work pho	ne:		
Social security number:				
Height:	Weight:			
Hair color:	Eye colo	r:		
Age:	Sex: □ F	emale		
Do you wear eyeglasses? I	□Yes □No Do yo	ou wear contacts? ☐ Y	l'es □ No	
	s?			
Are you a citizen of the U	nited States: ☐ Yes	□No	e resident since:	
Have you ever been know If yes, please list your				
Please indicate your availa and emergency calls). Ch Weekdays: Days Weekends: Days	eck the appropriate tim	ne periods: l Nights	re department activities (meetings, drills,	
Have you ever been a mer If yes, did you receive			]Yes □No	

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Have you received disability or compensation benefit  If yes, please provide dates and details:	s for any injury?
Do you have restrictions that may affect your ability to If yes, please explain:	to participate in fire department activities?   Yes
Please tell us why you would like to become a member	er of the South Bay Volunteer Fire Department:
Emergency Contact	
In case of emergency, notify:	D alati angleine
Name:	Relationship:
Phone:Physician:	Physician phone:
Hospital preference, if any:	
Blood type:	
Employment	
Are you employed? □ Yes □ No	
May we contact your employer(s)? $\square$ Yes $\square$ No	
Current employer:	
Address:	
Occupation:	
Hours of employment:	Talanhana
Supervisor:	Telephone:
Prior employer:	
Address:	
Supervisor:	Telephone:
Education	
Highest level of education received:	
☐ High School ☐ GED ☐ Assoc Deg ☐ 4-yr De	eg □ Post-grad □ Other -What?

South Bay Volunteer Fire Department M Name of last school/college attended:	
List other special training, skills, or experience:	
References	
Please list three non-family references who have kno	own you for at least 3 years:
Name: 7	Гelephone:
	Telephone:
	Гelephone:
Please list any current or past members of the South with:	Bay Volunteer Fire Department that you are acquainted
These superious are ORTIONAL proful if applic	and has union finalishting on FRAC commissions
These questions are OPTIONAL, useful if applic	ant has prior firefighting or EWS experience
Firematic Education/Experience (not required – a	all training is provided)
Department:	
	Telephone:
Letter of recommendation?  Yes No	
Member in good standing? $\square$ Yes $\square$ No	
Dates of membership: to	
List additional fire department memberships:	
Positions held:	
Schools (list course, completion date, certificate #, an	nd location):
EMS Education/Experience (not required – all tra	aining is provided)
Organization:	Director:
Organization:Address:	Director: Telephone:
Address:	Director: Telephone:
Address:	Director: Telephone:
Address:	Director: Telephone:

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List additional memberships:			
Positions held:			
Schools (list course, completion date, certificate #, and location):			
Skills/Experience			
The South Bay Volunteer Fire Department often uses its own personnel to complete jobs in and around the			
firehouse. Therefore, the skills and/or experience of its members are a great asset. Please review the following			
areas and check all that are applicable to you.			
□ Administrative			
☐ Air conditioning repair			
☐ Appliance repair			
□ Arts			
□ Carpentry			
□ Clerical			
□ Computer			
□ Crafts			
□ Electrical			
□ Flooring			
□ Locksmith			
□ Masonry			
□ Mechanic			
□ Photography			
□ Plumbing			
□ Public speaking			
□ Roofing			
□ Sheet rock			
☐ Small engine repair			
☐ Teaching			
□ Welding			
□ Other:			

## All information contained/or obtained herein will remain confidential

State of New York County of Onondaga Town of Cicero

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Please check the boxes to consent to the following statements:
<ul> <li>□ I do solemnly swear and affirm that I am the above named person.</li> <li>□ I personally read and wrote or typed answers to each and every question herein.</li> <li>□ I do solemnly swear that each and every answer is true, correct, and complete in every respect.</li> <li>□ I acknowledge that any false information that I provided can preclude me from membership of this department.</li> </ul>
Authorization for release of information
I, having made the following application with the South Bay Volunteer Fire Department, in the Town of Cicero, New York, for membership in their volunteer fire department, do hereby authorize the South Bay Fire Department to obtain any records or information regarding my membership application; said information will include arrest and conviction records.
☐ I agree to the authorization statement above. My checking this box is done in lieu of signature and is required for this application to be reviewed.

Thank you for your interest in the South Bay Volunteer Fire Department. We look forward to reviewing your application.