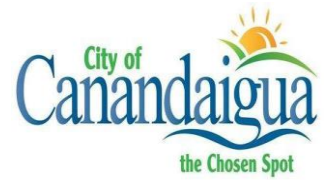




# CITY OF CANANDAIGUA FIRE DEPARTMENT



**Fire Chief Frank Magnera**  
335 South Main Street  
Canandaigua, NY 14424-2118  
Phone: (585) 396-5052 Fax: (585) 394-2706

## APPLICATION FOR VOLUNTEER MEMBERSHIP

PLEASE PRINT IN BLUE OR BLACK INK ALL INFORMATION REQUESTED ON THIS APPLICATION. ANSWER ALL QUESTIONS FULLY AND CAREFULLY, ATTACHING ADDITIONAL SHEETS IF NECESSARY. ALL STATEMENTS ARE SUBJECT TO BACKGROUND VERIFICATION.

### PERSONAL SUMMARY

NAME AND ADDRESS

LAST FIRST MI

STREET ADDRESS

ARE YOU AT LEAST 18 YEARS OLD? \_\_\_\_\_  
(Yes/No)

CITY STATE ZIP

DO YOU HAVE A VALID DRIVER'S LICENSE? \_\_\_\_\_  
(Yes/No)

( )  
TELEPHONE NUMBER

IF YES: \_\_\_\_\_  
LICENSE NUMBER STATE EXP. DATE

CAN YOU COMMIT TO A MINIMUM OF THREE YEARS OF SERVICE TO THE CANANDAIGUA FIRE DEPARTMENT (*First six months as a probationary member?*)

\_\_\_\_\_ IF NO, EXPLAIN ANY PERTINENT FACTORS HERE:

OCCUPATION: \_\_\_\_\_

NAME OF EMPLOYER: \_\_\_\_\_

ARE YOU CURRENTLY, OR HAVE YOU EVER BEEN, A MEMBER OF ANOTHER EMERGENCY SERVICE ORGANIZATION?

\_\_\_\_\_ (Yes/No)

PLEASE INDICATE THE TYPE OF SERVICE YOU WISH TO PROVIDE TO THE CANANDAIGUA FIRE DEPARTMENT:

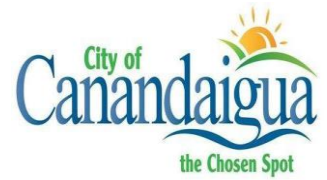
\_\_\_\_\_ INTERIOR STRUCTURAL FIREFIGHTER

\_\_\_\_\_ EXTERIOR SUPPORT FIREFIGHTER

\_\_\_\_\_ FIRE POLICE (MUST TAKE OR HAVE EXTERIOR SUPPORT FIREFIGHTER TRAINING)



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## RESIDENCE HISTORY

HOW LONG HAVE YOU RESIDED IN THE CANANDAIGUA AREA? \_\_\_\_\_

IF YOU HAVE LIVED AT YOUR CURRENT ADDRESS FOR LESS THAN ONE YEAR, PLEASE LIST BELOW YOUR PREVIOUS RESIDENCE(S) DURING THAT YEAR:

STREET ADDRESS: \_\_\_\_\_ FROM WHEN TO WHEN? \_\_\_\_\_  
CITY STATE ZIP (Mo/Yr-Mo/Yr)

STREET ADDRESS: \_\_\_\_\_ FROM WHEN TO WHEN? \_\_\_\_\_  
CITY STATE ZIP (Mo/Yr-Mo/Yr)

## EMPLOYMENT HISTORY

BEGINNING WITH THE MOST RECENT, PLEASE LIST BELOW ALL EMPLOYERS WITHIN THE PAST TWO YEARS:

EMPLOYER \_\_\_\_\_ STREET ADDRESS \_\_\_\_\_

SUPERVISOR \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_ YOUR POSITION \_\_\_\_\_

EMPLOYER \_\_\_\_\_ STREET ADDRESS \_\_\_\_\_

SUPERVISOR \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_ YOUR POSITION \_\_\_\_\_

EMPLOYER \_\_\_\_\_ STREET ADDRESS \_\_\_\_\_

SUPERVISOR \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_ YOUR POSITION \_\_\_\_\_

## EDUCATION

PLEASE LIST THE SCHOOLS AND COLLEGES YOU HAVE ATTENDED:

HIGH SCHOOL \_\_\_\_\_  
SCHOOL CITY STATE YEAR OF GRADUATION

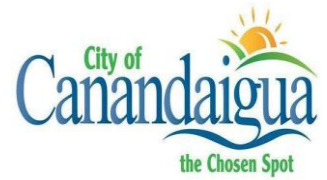
COLLEGES/TECHNICAL SCHOOLS

SCHOOL CITY STATE YEAR GRADUATED DEGREE

SCHOOL CITY STATE YEAR GRADUATED DEGR



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## EMERGENCY SERVICES RECORD

PLEASE LIST ALL CURRENT AND PAST EMERGENCY SERVICES AFFILIATIONS. CONTINUE ON SEPARATE SHEET TO FULLY ACCOUNT FOR ALL SERVICES.

DEPARTMENT \_\_\_\_\_ YOUR POSITION \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

CHIEF OFFICER (REQUIRED) \_\_\_\_\_ LENGTH OF SERVICE \_\_\_\_\_  
FROM/TO

CURRENTLY A MEMBER? \_\_\_\_\_

DEPARTMENT \_\_\_\_\_ YOUR POSITION \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

CHIEF OFFICER (REQUIRED) \_\_\_\_\_ LENGTH OF SERVICE \_\_\_\_\_  
FROM/TO

CURRENTLY A MEMBER? \_\_\_\_\_

DEPARTMENT \_\_\_\_\_ YOUR POSITION \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

CHIEF OFFICER (REQUIRED) \_\_\_\_\_ LENGTH OF SERVICE \_\_\_\_\_  
FROM/TO

CURRENTLY A MEMBER? \_\_\_\_\_

## TRAINING

PLEASE PROVIDE CERTIFICATION COPIES OF ALL TRAINING COURSES IN EMERGENCY SERVICE ORGANIZATIONS THAT YOU HAVE COMPLETED, THE DATES COMPLETED AND THE LOCATIONS THE COURSES WERE TAKEN.

## EMERGENCY CONTACT

PLEASE LIST PERSON TO BE NOTIFIED IN CASE OF AN EMERGENCY:

NAME/RELATIONSHIP \_\_\_\_\_

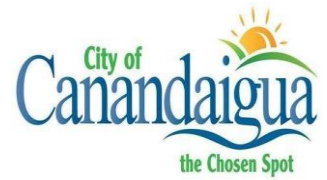
ADDRESS \_\_\_\_\_

CITY/STATE \_\_\_\_\_

TELEPHONE NUMBER (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_



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## PLEASE RESPOND TO EACH OF THE FOLLOWING QUESTIONS

HAVE YOU EVER BEEN CONVICTED OF ANY CRIME (Felony and/or Misdemeanor)? \_\_\_\_\_  
Yes/No

HAVE YOU EVER BEEN CONVICTED OF ARSON? \_\_\_\_\_  
Yes/No

ARE YOU NOW UNDER CHARGES FOR ANY CRIME? \_\_\_\_\_  
Yes/No

HAVE YOU EVER BEEN DISMISSED FROM ANY PUBLIC OR EMERGENCY RELATED SERVICE, OTHER THAN FOR LACK OF WORK OR LACK OF FUNDS? \_\_\_\_\_

Yes/No

HAVE YOU EVER RESIGNED FROM ANY PUBLIC OR EMERGENCY RELATED SERVICE RATHER THAN FACE DISMISSAL? \_\_\_\_\_

Yes/No

IF YOU ANSWERED YES TO ANY OF THE QUESTIONS IN THIS SECTION, PLEASE PROVIDE SPECIFICS ON A SEPARATE PAGE.  
**YOU MUST ALSO COMPLETE AND SIGN THE ATTACHED NYS DCJS -VFF FORM FOR THE CRIMINAL BACKGROUND CHECK.**

## CERTIFICATION AND AUTHORIZATION

I HEREBY MAKE APPLICATION FOR VOLUNTEER MEMBERSHIP IN THE CITY OF CANANDAIGUA FIRE DEPARTMENT. IF ACCEPTED, I AGREE TO OBEY THE RULES AND REGULATIONS OF THE CANANDAIGUA FIRE DEPARTMENT AND TO COMPLETE MANDATORY BASIC TRAINING AND A MINIMUM SIX MONTH PROBATIONARY PERIOD. I UNDERSTAND THAT I MAY BE DISMISSED AT ANY TIME DURING THIS PROBATIONARY PERIOD AT THE DEPARTMENT'S DISCRETION.

I CERTIFY THAT THE INFORMATION PROVIDED ON THIS FORM AND ON ALL OTHER APPLICATION MATERIALS SUBMITTED IS TRUE TO THE BEST OF MY KNOWLEDGE AND AUTHORIZE THE CANANDAIGUA FIRE DEPARTMENT TO CONTACT THE INDIVIDUALS, ORGANIZATIONS AND EMPLOYERS LISTED TO HELP ASSESS MY SUITABILITY FOR VOLUNTEER MEMBERSHIP.

I UNDERSTAND THAT OFFERING A FALSE DOCUMENT FOR FILING IS A VIOLATION OF NEW YORK STATE PENAL LAW, AND THAT DISCOVERY OF FALSIFIED INFORMATION WILL BE CAUSE FOR DENIAL OF THIS APPLICATION OR TERMINATION OF MY MEMBERSHIP.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

UPDATE 6/2018



**NEW YORK STATE DIVISION OF CRIMINAL JUSTICE SERVICES**  
**Office of Criminal Justice Operations**  
**Volunteer Firefighter Inquiry Form**

*INSTRUCTIONS: This form is to be used only by a Sheriff's Office (or OFPC, where applicable) when performing searches authorized under NY Executive Law §837-o in connection with individuals seeking membership in a Volunteer Fire Department.*

A. DATE:

*This form must be U.S. mailed, faxed or hand delivered between agencies. E-mail transmission is not permissible.*

*Shaded boxes are required data elements.*

**B. REQUESTING VOLUNTEER FIRE DEPARTMENT**

DEPARTMENT NAME:

FIRE CHIEF NAME:

SIGNATURE:

*Frank Magnera*

ADDRESS:

TELEPHONE NUMBER:

FAX NUMBER:

1. NAME (LAST, FIRST, MIDDLE)

2. ADDRESS (Street, City, Zip Code)

3. ALIAS AND/OR MAIDEN NAME

4. SEX

M      F  
   

5. RACIAL APPEARANCE

White Black Indian Asian Unknown Other

6. ETHNICITY

Hispanic    Not Hispanic    Unknown  
                       

7. HEIGHT  
 Ft.      In.

8. DATE OF BIRTH  
 Month    Day    Year

9. PLACE OF BIRTH

10. SOCIAL SECURITY NO.

INVESTIGATING OFFICER: \_\_\_\_\_ DATE \_\_\_\_\_  
 (PRINT NAME/TITLE)

INVESTIGATING OFFICER SIGNATURE \_\_\_\_\_

RESULTS OF INQUIRY

- NO RECORD OF AN ARSON CONVICTION OR A CONVICTION REQUIRING REGISTRATION AS A SEX OFFENDER
- CONVICTED OF ARSON; NO RECORD OF A CONVICTION REQUIRING REGISTRATION AS A SEX OFFENDER
- CONVICTED OF A CRIME REQUIRING REGISTRATION AS A SEX OFFENDER; NO RECORD OF AN ARSON CONVICTION
- CONVICTED OF ARSON AND CONVICTED OF A CRIME REQUIRING REGISTRATION AS A SEX OFFENDER