



**Town of Oswego  
Volunteer  
Fire Department**

*Home of the Blazing Bandits*

640 County Route 20  
Oswego, NY 13126

Dear Prospective Member:

Thank you for the interest you've expressed in becoming a volunteer with the Town of Oswego Volunteer Fire Department. Before completing the enclosed application, every potential member is asked to read the information in this packet. This information will help you decide what kind of membership may be best for you. It will also help you decide if you can fulfill the obligations of that membership category. You should carefully review this outline to make your decision. We encourage you to contact one of the membership committee members if you have questions or would like more information about the various membership opportunities.

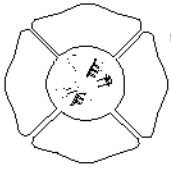
Once you have decided that being a volunteer with the Town of Oswego Volunteer Fire Department is for you, complete the application and return it to any person on the membership committee or to the address at the top of this letter. We will keep you updated about decisions regarding your potential membership. You are encouraged to attend training drills and meetings although you will not be able to actively participate or vote on issues until your membership has been approved.

Again, thank you for your interest. We look forward to considering your application for membership.

Sincerely,

The Membership Committee  
Town of Oswego Volunteer Fire Department

**YOU MUST COMPLETE PAGE 2 & 3 OF THIS  
APPLICATION TO BE CONSIDERED FOR MEMBERSHIP.**



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**APPLICATION FOR MEMBERSHIP**

Legal Name \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

I wish to be considered for the following type of membership (please circle ONE):

ACTIVE FIRE/EMS

FF w/RESTRICTIONS

ACTIVE MEDICAL ONLY

COFFEE SQUAD

ANCILLARY SUPPORT

APPOINTED

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

Name of person giving application \_\_\_\_\_

Have you been a member of another  
fire department/ambulance corps?

NO

YES

Name of previous company/department _____ Address of previous company/department _____ _____ Offices held _____ Are you still a member of this department? NO YES Dates _____
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Have you ever been denied  
membership/dismissed from any  
volunteer fire company/department?

NO

YES

Name of company/department _____ Address of company/department _____ _____
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Do you have any medical or  
firefighting certifications  
and/or classes?

NO

YES

Please attach copies of all certifications and verification of class completion to this application.  Also attach anything which you feel would support your application for membership with the Town of Oswego Volunteer Fire Department.
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Official Use ONLY	
Date application received: _____	Date approved by line officers: _____
Date approved by membership committee: _____	Date approved by executive board: _____
Date approved by Board of Fire Commissioners: _____	Date approved by Dept. membership: _____

# TOWN OF OSWEGO FIRE DISTRICT

640 County Route 20  
Oswego, New York 13126

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## Criminal History Records Check

I, the undersigned, hereby authorize the Oswego County Sheriff's Department to release to the Town of Oswego Fire District, any Sheriff's Department records/or police records that may be associated with Sheriff's records, located in a central repository for such police/criminal history records, on file under the following name(s):

Legal Name \_\_\_\_\_

Also known as \_\_\_\_\_

Maiden name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Place of Birth \_\_\_\_\_

Address \_\_\_\_\_ from \_\_\_\_\_ to present

Previous Address \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

Height: \_\_\_\_\_ Race: \_\_\_\_\_

Requested by (Commissioner) \_\_\_\_\_ Date \_\_\_\_\_

It is understood that this search is of Sheriff's/associated police records and may/may not include information from other police agencies. The Authorizing Party hereby agrees to indemnify and save harmless the Oswego County Sheriff's Department, its officers and employees from and against any and all claims, demands, actions, suits and proceedings by others; against all liability to others, including but not limited to any action whatsoever, and against any loss, cost, expense and damages resulting therefrom, arising out of or involving any negligence on the part of the Authorizing Party in the execution of this criminal history records check.

Motorist I.D. Number \_\_\_\_\_

\_\_\_\_\_  
Authorizing Party's (Applicant's) Signature

\_\_\_\_\_  
Date



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## Membership Classifications

The following categories or classifications of membership are available to applicants according to the Constitution and Bylaws of the Oswego Town Volunteer Fire Department. The membership committee encourages you to review the requirements and benefits of each classification before you complete the enclosed application.

### **ACTIVE (Fire Fighting and Emergency Medical Services Volunteers)**

Requirements:

*Within a calendar quarter you must:*

- Attend at least four drills
- Attend at least one business meeting
- Attend at least one-third of scheduled work details
- Attend 10% of the emergency calls per quarter
- Participate in fund raising activities

*Other requirements:*

- Successfully complete Fire Fighting Essentials within three years
- E.M.S. members must successfully complete certified first responder course within two years
- Fire Police must successfully complete eight-hour course within one year
- Complete six month probationary period

Benefits of active membership:

- Department supported training
- Service Awards program
- Life insurance (line of duty death)
- Annual installation banquet
- Holiday party
- September family picnic
- Member Assistance Program
- Children's holiday party
- Visit by Santa
- All necessary safety equipment

\*\*If you are a member of another department and looking to join our department you will be required to submit a letter from your home dept. This letter must state that your home department is aware of you intentions and include verification of any qualifications you have from your home department.

### **CORPORATE**

Requirements:

- Attend one business meeting per quarter with a minimum of six business meetings per fiscal year
- Participate in fund raising activities
- Complete six month probationary period

Benefits of corporate membership:

- Annual installation banquet
- Holiday party
- September family picnic
- Member Assistance Program
- Children's holiday party
- Visit by Santa

### **ANCILLARY**

Active Ancillary members should participate in at least one request during a calendar year. Members are required to be 18 years of age and submit a complete application and be approved by the Fire District.