

Village of Oxford Fire Department  
PO Box 570  
Oxford, NY 13830

**Application for Membership**

1. Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_
2. Street Address \_\_\_\_\_
3. Mailing Address (if different) \_\_\_\_\_  
City, Town, Village \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
4. Telephone \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell)
5. E-mail address \_\_\_\_\_ Social Security Number \_\_\_\_\_
6. Driver Identification Number \_\_\_\_\_ Class: \_\_\_\_\_
7. How long have you resided at the above address? Years \_\_\_\_\_ Months \_\_\_\_\_  
If less than 2 years, provide previous address.  
\_\_\_\_\_
8. How long have you resided in New York State? Years \_\_\_\_\_ Months \_\_\_\_\_
9. Are you 18 years of age or older? Yes \_\_\_\_\_ No \_\_\_\_\_ Date of Birth (MM/DD/YY) \_\_\_\_/\_\_\_\_/\_\_\_\_
10. Are you a citizen of the United States? Yes \_\_\_\_\_ No \_\_\_\_\_
11. If you are not a citizen of the United States, have you the legal right to remain permanently in the United States?  
Yes \_\_\_\_\_ No \_\_\_\_\_
12. Have you been known by any other name (e.g. marriage)? Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, list name(s) and reason (necessary to enable a check on your application).  
\_\_\_\_\_  
\_\_\_\_\_
13. Are you currently employed? Yes \_\_\_\_\_ No \_\_\_\_\_
14. Please indicate your availability to participate in normally required fire department activities (meetings, drills, and emergency calls).  
Weekdays: Day \_\_\_\_\_ Evening \_\_\_\_\_ Night \_\_\_\_\_  
Weekends: Day \_\_\_\_\_ Evening \_\_\_\_\_ Night \_\_\_\_\_

15. Previous emergency services experience: (Include only fire, rescue, police, and emergency medical agencies).

Name of agency: \_\_\_\_\_

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

Duties: \_\_\_\_\_

(If more space is needed, attach an additional sheet)

16. Have you ever been a member of the United States Armed Forces? Yes \_\_\_\_\_ No \_\_\_\_\_

If the answer is "Yes", did you receive a dishonorable discharge? Yes \_\_\_\_\_ No \_\_\_\_\_

Dishonorable discharge is not an absolute bar to membership. This and other factors will effect a final membership decision. If the above answer is "Yes", give details on an additional sheet (include service branch and service dates.

17. Except for minor traffic violations and adjudications as a youthful offender, have you ever been convicted of an offense against the law? Yes \_\_\_\_\_ No \_\_\_\_\_

If the answer is "Yes" give particulars and dispositions of each charge on an additional attached sheet.

18. Have you ever been convicted of criminal mischief, insurance fraud, arson or a reduction of one of these offenses? Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes" give details on an attached sheet.

19. Please list people in your circle of friends who have known you for at least 3 years; people you socialize with.

A. Name \_\_\_\_\_ Tel.# \_\_\_\_\_

Address \_\_\_\_\_

B. Name \_\_\_\_\_ Tel.# \_\_\_\_\_

Address \_\_\_\_\_

C. Name \_\_\_\_\_ Tel.# \_\_\_\_\_

Address \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

For Department Use Only

Letter sent: \_\_\_\_\_

Approved by Fire Council: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by Village Board: \_\_\_\_\_ Date: \_\_\_\_\_

***All information contained/or obtained herein will remain confidential.***

COUNTY OF \_\_\_\_\_

STATE OF NEW YORK            SS

\_\_\_\_\_ of \_\_\_\_\_

I, \_\_\_\_\_, being duly sworn, depose and say that I am the above named person. I affirm under the penalty of perjury and signed the forgoing statement. I personally read and printed by hand or typed, answers to each and every question therein. I do solemnly swear that each and every answer is true, correct and complete in every respect.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness by: \_\_\_\_\_

Date: \_\_\_\_\_

Sworn and subscribed to before me:

The \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Notary Public or Commissioner of Deeds

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***Authorization for Release of Information***

County of \_\_\_\_\_

State of New York            SS

\_\_\_\_\_ of \_\_\_\_\_

TO: Any Court of Law, Probation Department, Police Agency.

I, \_\_\_\_\_, having made application with the Village of Oxford Fire Department, Village of Oxford, New York, for membership in their volunteer fire department, do hereby authorize the Village of Oxford Fire Department, to obtain any records or information regarding my membership application, said information will include arrest and conviction records.

Signed: \_\_\_\_\_

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

Sworn and subscribed to before me

The \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Notary Public or Commissioner of Deeds

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