



## **Welcome to the Berkshire Fire Department**

Thank you for your interest in volunteering in and around our community! We are proud to offer you this opportunity to serve your community. **Please read this application in its entirety** and if you feel that you are ready to make a commitment, fill out the included application for membership. You can return your application to any active member of the Berkshire Fire Department or return in person to the station the first Tuesday of the month at 7pm.

### **About the Fire Department**

The Berkshire Fire Department was formed in 1913 and our motto is, "Always Ready." We provide fire protection and basic medical services to the residents in the fire district of Berkshire, New York in Tioga County. Our district covers many square miles, most of which are rural. The Department also provides mutual aid to additional departments as and when requested.

In addition to Fire and Medical, the Fire Department also has an Auxiliary branch and Fire Police detail. Fire police will respond to every call to ensure the safety of our accident scene. Fire Police also assist at parades and mutual aid calls as requested. The Auxiliary is also an integral part of the company and provides support services to firefighters on accident scenes, fundraising, and service to our Department in many ways. The Fire Company, Fire Police, and Auxiliary operate under directives from the Fire Chief.

Berkshire Fire Department responds to roughly 200 calls per year in addition to serving the community in other ways, such as barbeques, pancake breakfasts, blood drives, fundraisers, staffing for community functions, and a Christmas party for children of our community. The Berkshire Fire Department also hosts many other community outreach programs and events.

### **About Making a Commitment**

Becoming part of an active Fire Department requires significant time commitment on your behalf. In order to increase our proficiency we require members to strive to be the best they can be. Regular training helps us meet this goal and is critical for new members. We also require new members to attend meetings, trainings, and respond when called to keep their "ACTIVE" status and the benefits the department provides to each member meeting these requirements. If a member does not make the required minimums to remain "ACTIVE" they will be notified. If there is no response or correction, the member may be removed from the roster. The Berkshire Fire Department also participates in State accredited fire classes to help develop our firefighters. It is recommended that a new member makes an effort to continue developing their knowledge in the fire/medical service. A new member will be required to take at least one of these classes within 2 years of joining. We do understand that you may

have a family, church, work, and/or other obligations. This is normal and acceptable. You can be excused from duties at these times of other commitment. If it appears to become a frequent occurrence, we may talk to you about your outside commitments to see if we can help you meet your goals of volunteering without jeopardizing your commitments outside of the Fire Department.

### **Associate Membership**

The Berkshire Fire department is happy to offer an associate membership for those 16 years of age and up. This is a great way to volunteer time in your community and apply your current knowledge to projects and operations within our department. Associate members are required to attend the annual OSHA training and remain active within the department. An associate member will be able to help with tasks such as organization, cleaning, building/construction trade skills, fundraising, washing apparatus, mowing, light building maintenance, fire prevention, and much more. This level of membership is perfect for people who are looking for a way to volunteer but may not have the time to make a commitment at the firefighter level.

### **About the Application Process**

Joining the Berkshire Fire Department is a four-step process. At times, there may appear to be a delay due to the necessary meetings as part of the application process. Rest assured your interest in joining is greatly appreciated and your application will be handled promptly. At some point in the process, you may be interviewed by the Fire Chief or his Line Officers. In the interim you may contact the Fire Chief to see if there is an acceptable training or event you may attend to see what your job duties may include.

#### **Step 1: Application**

The enclosed application must be filled out completely to avoid delays. Feel free to keep the pages prior to the application for your records. Your application will be kept in confidence and only accessible to those that need access to the information within (president, board of fire commissioners, Fire Chief, \*Tioga County Sheriff Department\*<sup>see note</sup>). After completing the application, return it to any Line Officer, or active member of The Berkshire Fire Department. Your application shall also include \$5.00 to be applied for dues. If for any reason your application is denied, the \$5.00 fee will be returned to you.

\*Tioga County Sheriff will obtain a copy of ONLY the background check application and the information it contains sent securely.

#### **Step 2: Interview**

After we receive your application, the Fire Chief or one of his line officers may contact you. They may choose to conduct a phone interview or meet with you in person. This will allow us to answer any questions you may have and get to know you better. They will also highlight our expectations of you and what you need to do to remain active in our department.

#### **Step 3: Department meeting**

On the first Tuesday of each month, The Fire Department conducts a monthly meeting at 7PM. The Auxiliary meeting is held the first Wednesday of each month at 7PM. You are welcome to attend as a member of the public throughout the application process. Your application will be voted on and if there are enough favorable votes, the application will move forward to the next step.

#### Step 4: Commissioners Meeting

On the fourth Thursday of each month, the Board of Fire Commissioners conduct a meeting at 7PM. They will review your application and submit the background check as required by law. Upon satisfactory review, and no negative findings on the background check, the Board of Fire Commissioners will give their final approval on your application! Within 5 days you will be notified that you are now a member of the Berkshire Fire Department! The Fire Chief will also schedule a time to get you the necessary equipment and access needed in your position.

If you have any questions or concerns, please feel free to contact us at (607) 657-2727. This number is for the station and at times is unmanned. Please leave a message and it will be returned promptly. You may also contact the Fire Chief by obtaining contact number from Fire Department website or Town website.

**Thank you for your interest in joining the  
Berkshire Fire Department**

Please keep this and preceding pages for your reference

Berkshire Fire Department

## APPLICATION FOR MEMBERSHIP

NAME: \_\_\_\_\_ Date of birth \_\_\_\_\_

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

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Cell Phone Carrier: \_\_\_\_\_ (i.e. Verizon, AT&T, Etc.)

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

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

Employer Phone: \_\_\_\_\_ Time at Employer: \_\_\_\_\_

Person to notify in case of emergency: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Citizenship Status (circle): US Citizen Eligible Non-Citizen

Social Security Number: \_\_\_\_\_

Driver License Number: \_\_\_\_\_ Class: \_\_\_\_\_

Has your drivers license ever been suspended or revoked?

YES or NO

If YES please state why: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of arson or registered as a sex offender?

YES or NO

If YES please state why: \_\_\_\_\_  
\_\_\_\_\_

Are you currently or have you ever been a member of another Fire Department?

YES or NO

If YES, state department name, location, any office held and length of service:

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If YES please list all NYS accredited courses completed, certificates, NYS firefighter ID#, NYS Health Department#.

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Do you have any medical conditions such as heart or respiratory problems that may affect your ability to perform?

YES or NO

If YES please explain:

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### References

Please list two NON-RELATED people of whom you have known for at least one year that we may contact:

NAME: \_\_\_\_\_ Phone: \_\_\_\_\_

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

NAME: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Fire Department Sponsor: \_\_\_\_\_

\* A Fire Department sponsor is an active member to help guide you through your probationary period of 1 year. If you do not currently know an active member one will be appointed to you.

I have interest in the following area(s) of the organization: (circle all that apply)

Firefighter (OSHA + NYS Training within 2 years)

Fire Police (OSHA+ Fire police class within 2 years)

Medical (OSHA+ Minimum CPR/First Aid class within 1 year)

Auxiliary (Annual OSHA)

Associate (Annual OSHA)

**I hereby certify that the information I have provided on this application is true and accurate to the best of my knowledge and belief. I hereby grant the Berkshire Fire Department to verify such information, submit drivers license info to NYS LENS system, and consent to background check. I understand that my membership require that I abide by the bylaws and constitution of the department, abide by any vehicle and traffic laws while responding in personally owned vehicle or district owned apparatus, and be subordinate of directives given by the officers of the department.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name/Date

Applicants under the age of eighteen (18) must be completed.

I, the undersigned, being the parent or legal guardian of the applicant, do hereby give my consent for this application to be submitted for membership in the Berkshire Fire Department. I also understand the dangers and risks involved with being an active member.

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

Today's Date \_\_\_\_\_

Relationship to applicant \_\_\_\_\_ Phone \_\_\_\_\_



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

**Non-Fingerprint Background Checks – Volunteer Firefighters**

Effective December 2, 2014, Executive Law §837-o requires prospective volunteer firefighters, and current volunteers seeking membership in another fire company, to undergo non-fingerprint criminal history background checks, **for arson convictions and convictions which require registration as a sex offender only**, against the State's criminal history files maintained by the Division of Criminal Justice Services (DCJS). The law prohibits a fee from being charged in connection with these background checks. The law also specifies that these checks will be conducted by sheriffs' offices unless a county legislature enacts a local law prohibiting its county sheriff from having such responsibility. In such a case, the NYS Division of Homeland Security and Emergency Services, Office of Fire Prevention and Control (OFPC), is authorized to perform the background checks for the affected volunteer fire companies.

**INSTRUCTIONS:**

**APPLICANT, PLEASE COMPLETE BOXES 1 THROUGH 10  
LEAVING BOXES A, B, AND INQUIRY FIELD BLANK**

**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:

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



## Department Use Only Below

### Approvals

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Comments pertinent to  
interview: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DCJS Check Remarks \_\_\_\_\_

Agency \_\_\_\_\_

Department Secretary \_\_\_\_\_ Date \_\_\_\_\_

Office of the Chief \_\_\_\_\_ Date \_\_\_\_\_

Commissioners' Office \_\_\_\_\_ Date \_\_\_\_\_

Tag # \_\_\_\_\_

