



# COVENTRY VOLUNTEER FIRE COMPANY INC.

109 North Road, Greene, New York 13778  
Phone – (607) 656-4060 Fax – (607) 656-4555  
CoventryVFC@gmail.com

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

Phone #: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Drivers License #: \_\_\_\_\_ Class: \_\_\_\_\_ Expiration: \_\_\_\_\_ State: \_\_\_\_\_

Restrictions: \_\_\_\_\_

How Long at Present Address? \_\_\_\_\_ How Long in NYS? \_\_\_\_\_

Are You Currently Employed? \_\_\_\_\_ Employed By? \_\_\_\_\_

Length of Employment? \_\_\_\_\_ Type of Work? \_\_\_\_\_

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

List any Emergency Service experience and/or Trainings. (please include certificate copies)

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

List any Duties or Officers Positions that you have held including dates.

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

Have you ever had any Convictions? (not including adjudication as youthful offender) Explain:

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

Have you ever been investigated by the Office of Children and Family Service, Child Welfare or for Arson?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, please explain on a separate piece of paper.

Please list the names of any acquaintances that are members of the Coventry Fire Company Inc.

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



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\_\_\_\_\_

Please give Three (3) references not related to you that you have known for at least 3 years:

1. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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## To Local, State and Federal Police Agencies, Probation's Department, and Courts of Law

I, \_\_\_\_\_, having made an Application for Membership with the  
**Coventry Volunteer Fire Company Inc.**, do hereby authorize to obtain any records of information regarding  
my membership application. Said information will include arrest and conviction records.

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

Printed Name: \_\_\_\_\_

## Order of Processing Application

1. Application given to applicant to complete.  
Date: \_\_\_\_\_
2. Submitted application to the Investigation Committee.  
Date: \_\_\_\_\_
3. Applicant Interview with Investigation Committee.  
Date: \_\_\_\_\_
4. Investigation Committee reports any findings to the Fire Council.  
Date: \_\_\_\_\_
5. Approved or Rejected by Fire Council.  
Date: \_\_\_\_\_

Reason for Rejection: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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## Hepatitis B Declination

### **Declination Statement**

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to me; however, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine I continue to be at risk of acquiring hepatitis B, a serious disease. If, in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## Chenango County Sheriff's Office

### CONSENT AND RELEASE BY INDIVIDUAL

I, \_\_\_\_\_, residing at \_\_\_\_\_  
Town of \_\_\_\_\_, New York, hereby request, authorize and direct that the Chenango County Sheriff's Office or his deputies, employees and agents conduct a review of any and all records regarding me to which the Chenango County Sheriff's Office has access, either directly or indirectly, and report, release and/or divulge the results of said investigation in a form and manner as the Sheriff, their deputies, employees or agents, as in his/her or their sole discretion, deem appropriate to the following person, organization, agency or entity:

Agency or Entity\*: **COVENTRY VOLUNTEER FIRE COMPANY INCORPORATED**

Address: **109 NORTH ROAD GREENE, NEW YORK 13778**

Telephone: **(607) 656-4060** Fax: **(607) 656-4555**

I acknowledge, understand and agree that the accuracy of any said information is not subject to control of the Chenango County Sheriff's Office. I further acknowledge, understand and agree that the Chenango County Sheriff's Office has no control over the use of any information once released and cannot control any re-release or further dissemination of said information provided pursuant to the Consent and Release.

Further, I do hereby release, remove, and discharge the said Sheriff, their deputies, employees and agents and the County of Chenango, its officers, agents and/or employees of and from any and all causes of action, suits, claims, liability, damages and any demands whatsoever, in law or in equity, which I ever had, now have or which my legal representative or future grantees of title shall or may have by reason of matter, action, failure to act or thing whatsoever, and particularly, but not limited to, the acts or omissions of the Chenango County Sheriff's Office in regard to this Consent and Release.



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## Chenango County Sheriffs Office

### CONSENT AND RELEASE BY INDIVIDUAL

Further, I agree to indemnify and hold harmless the Sheriff, their deputies, employees and agents, the County of Chenango, its officers, employees and agents from and against any and all claims, loss, or expense including legal cost, that may arise by reason of liability or damage, injury or death, or for invasion of personal or property rights, of every name and nature, and any other claim for damages arising at law and equity alleged to have been caused or sustained in whole or in part by or because of any omission of duty, negligence or wrongful act on the part of the Chenango County Sheriff's Office and the County of Chenango in connection herewith.

Dated: \_\_\_\_\_

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

Printed Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

### ACKNOWLEDGEMENT

STATE OF NEW YORK )  
COUNTY OF CHENANGO ):SS:

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the subscriber, personally appeared \_\_\_\_\_, to me known and known to me to be the same person described in who executed the foregoing instrument, and he/she acknowledged to me that he/she executed the same.

NOTARY PUBLIC SIGNATURE: \_\_\_\_\_



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## Chenango County Sheriff's Office

### ORGANIZATION REQUEST FOR BACKGROUND CHECK AND RELEASE

TO: CHENANGO COUNTY SHERIFF'S OFFICE

FROM: Agency or Entity\*: **COVENTRY VOLUNTEER FIRE COMPANY INCORPORATED**

Address: **109 NORTH ROAD GREENE, NEW YORK 13778**

Telephone: **(607) 656-4060** Fax: **(607) 656-4555**

Authorized Official: \_\_\_\_\_

\* If incorporated, use legal corporate name

DATE: \_\_\_\_\_

On behalf of the above agency, I request that the Chenango County Sheriff's Office review records which it has custody of regarding the following individual:

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

ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

MAIDEN NAME: (if applicable) \_\_\_\_\_

For the purposes of providing readily available information governing this individual's personal background. He or She has applied for a position or other relationship with this agency or entity and has consented to this request as indicated on the attached "Consent and Release by Individual".

This organization or entity acknowledges and agrees that the services of the Chenango County Sheriff's Office pursuant to this request are provided as a discretionary public government service, but that neither the Chenango County Sheriff's Office nor the County of Chenango assumes any responsibility for the accuracy or thoroughness of the information.



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## Chenango County Sheriff's Office ORGANIZATION REQUEST FOR BACKGROUND CHECK AND RELEASE

It is acknowledged and agreed that no special relationship or duty is created or intended as the Chenango County Sheriff's Office or the County of Chenango, either directly or indirectly, by reason of the Chenango County Sheriff's Office accepting and/or acting on this request as a discretionary government service. The agency or entity hereby releases the Chenango County Sheriff's Office and the County of Chenango, their officers, employees and agents from any liability or claim of any nature whatsoever arising, either directly or indirectly out of the act(s) or failure(s) to act pursuant to the request. Further, the organization or entity hereby agrees to indemnify and hold harmless, (including legal defense costs), the Chenango County Sheriff's Office, the County of Chenango, their officers, employees or agents from any demand, suit or claim of whatever nature without limitation which might arise, either directly or indirectly, with from request or any actions or omissions resulting there from.

The undersigned further certifies that he or she has been duly authorized to sign this document on behalf of the organization or entity and signs below on behalf of said organization or entity.

Agency or Entity: COVENTRY VOLUNTEER FIRE COMPANY INCORPORATED

(Insert formal name here)

Dated: \_\_\_\_\_ By: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

### ACKNOWLEDGEMENT

STATE OF NEW YORK )  
COUNTY OF CHENANGO ):SS:

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally came \_\_\_\_\_, to me personally known, who being by me duly sworn, did depose and say that he or she resides at \_\_\_\_\_, Town of \_\_\_\_\_, State of New York: That He or She is (Title) \_\_\_\_\_ of COVENTRY VOLUNTEER FIRE COMPANY INCORPORATED, the agency or entity described in and which executed the within instrument; that He or She signed the above instrument on behalf of said agency or entity and was fully authorized to do so.

NOTARY PUBLIC SIGNATURE: \_\_\_\_\_