

**Newton Abbott Fire Company, Inc.**  
Town of Hamburg, New York



## Prospective Member Information Sheet

**When giving out an application, fill this form out and submit to the Investigation Committee or a Chief Officer.**

**Applicant Name (Last, First, MI):** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Home Phone:** (     ) \_\_\_\_\_

**Cell Phone:** (     ) \_\_\_\_\_

**Notes:**

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**Date application issued:** \_\_\_\_\_

**Member issuing application:** \_\_\_\_\_

**Application Returned Date:** \_\_\_\_\_

**Application Received By:** \_\_\_\_\_

Application not returned as of \_\_\_\_\_

Applicant rescinded application on \_\_\_\_\_

# **Newton Abbott Fire Company, Inc.**

Town of Hamburg, New York



Prospective Member,

Thank you for expressing a desire to join the Newton Abbott Fire Company!

You may be an experienced firefighter, new to the area. Or, you may want to find an exciting, new way to serve your community while enjoying the personal sense of reward that comes from being counted among “The Bravest.”

Either way, Newton Abbott has a place for you. A highly dedicated organization that seeks to train and perform with a high degree of professional excellence, we provide emergency services to the Town of Hamburg and adjacent communities to include fire protection, hazardous material incident mitigation, heavy rescue, and emergency medical services. Additionally, our firefighters enjoy the privileges that come with membership, most notably a sense of fraternity that is the foundation of any successful organization.

## **What does it take to be a successful member of the Newton Abbott Fire Company?**

To maintain “good standing” status, one must complete the following each year:

1. One drill (three hours of training) monthly. Numerous drills are held each month.
2. One OSHA standard training quarterly, totaling twelve training hours.
3. One work detail monthly comprised of a minimum of three hours.
4. Attendance of at least half of the monthly business meetings. (at least 6)
5. Attendance at fifteen percent (15%) of all fire alarms. (approx. 20 req'd)
6. Attendance at ten percent (10%) of all EMS requests. (approx. 80 req'd)

Additionally, all emergency service providers are required to obtain National Incident Management System (NIMS) certification, which will be provided to you through Newton Abbott.

Once again, thank you for your interest in the Newton Abbott Fire Company. You are on the way to becoming part of a respected and proud profession: that of the volunteer fire service, and doing so by becoming part of a respected and proud fire company.

# Newton Abbott Fire Company, Inc.

Town of Hamburg, New York



Prospective Member,

Upon acceptance into the Newton Abbott Fire Company, all new members are held in **probationary status** for a period of one (1) year from the date of acceptance. During this time it is the responsibility of the member to demonstrate enthusiasm, competency, and a willingness to participate in the training, mission, and activities of the Company.

Your probationary year will require a fairly significant investment of time and energy, in order to obtain national credentialing as a firefighter, National Incident Management System (NIMS) certifications, and instruction in the processes and procedures of the Company.

**A first-year member, if found to be deficient in performance or discipline, may be brought before the Company for possible dismissal.**

Probationary members are required to enroll in a Firefighter I course, obtain an American Heart Association BLS Healthcare Provider (CPR/AED) card, and complete the required probationary manual. These and other training requirements, and opportunities, will be fully explained to the new member upon acceptance into the Company. You, as an applicant, will have an opportunity to ask questions about Newton Abbott, and member responsibilities, during your interview.

First-year members are not eligible to run for elected office. However, members accepted into the Company in the first quarter of the calendar year will be eligible to vote for elected officers the following November.

All members of the Newton Abbott Fire Company, Inc. must receive an annual physical and self-contained breathing apparatus (SCBA) fit test. This test is conducted at the fire station and is provided at no charge to the member. As an applicant, your initial physical examination and SCBA fit test is a required step in the admissions process.

Congratulations! You have made an important personal and professional decision, to become a volunteer firefighter. It is a career that is rewarding both vocationally and recreationally, and makes a vital contribution to civic life, and public safety.

# Newton Abbott Fire Company, Inc.

Town of Hamburg, New York



## PLEASE KEEP SHEETS 1-3 FOR YOUR REFERENCE

For your reference, the application process is as follows:

1. Complete and submit all forms in this packet along with the following:
  - a. A Police Department criminal records check from ALL municipalities that you have resided in during the past year.
  - b. Completed arson/sex offender check form (fill in boxes A, 1-10)
2. Your application will then be presented to the fire company membership at the next monthly meeting, held on the first Monday of each month.
3. Newton Abbott will request an arson conviction/sex offender background check from the Erie County Sheriffs Department.
4. You will be contacted for an interview, which will be conducted by an Investigative Committee at the fire station.  
**Please bring the following with you:**
  - a. Your driver's license
  - b. Another proof of identity such as a birth certificate or passport.
5. The Investigative Committee will submit its recommendation to the active membership, and a membership vote will be held by the active members of the fire company at the next monthly meeting.
6. If accepted by the membership, you will be sent for a physical examination at Newton Abbott's expense, which you must pass to become a member.
7. If you pass the physical, Newton Abbott will send a letter to the Town of Hamburg clerk stating that we have accepted you as a member. This letter, which must be read at a town board meeting, officially adds you to the insurance.
8. Once you or Newton Abbott receives a letter from the town clerk that the letter was read, contact will be made to swear you in and issue your equipment.

Again, Thank you for expressing a desire to join the Newton Abbott Fire Company!  
Please feel free to contact me if you have any questions during the membership process.

Chad Yerkovich  
Vice President  
716-598-7488

# **Newton Abbott Fire Company, Inc.**

Town of Hamburg, New York

Box 2001 Blasdell, NY 14219    (716) 825-3663    Fax: (716) 825-0844



## **Application for Membership**

**Please Use Pen Only**

Applicant Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

# Newton Abbott Fire Company, Inc.

Town of Hamburg, New York



## Demographic and Contact Information

Fire Company Sponsor: \_\_\_\_\_ Badge #: \_\_\_\_\_  
(If none, write "None")

Applicant Name (Last, First, MI): \_\_\_\_\_

Home Address: \_\_\_\_\_  
**Applicant must reside within two (2) miles of the Newton Abbott Fire Protection District**

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

Time at Current Address: \_\_\_\_\_ (Years / Months)

Are you age 18 or older? Yes or No If not, state your age: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_ Ext.: \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_ Which number do you prefer we call? \_\_\_\_\_

Primary Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Position: \_\_\_\_\_ Shift (If Applicable): \_\_\_\_\_

Length of Time with Current Employer: \_\_\_\_\_ (Years / Months)

Application Form -- Please Print Neatly

**Prior Fire Service Experience**

**Please write NONE if you have no prior fire service experience.**

Company or Department Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_ Reason for Departure: \_\_\_\_\_

Service Dates: From \_\_\_\_\_ To: \_\_\_\_\_

Office(s) Held: \_\_\_\_\_

Company or Department Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_ Reason for Departure: \_\_\_\_\_

Service Dates: From \_\_\_\_\_ To: \_\_\_\_\_

Office(s) Held: \_\_\_\_\_

Do you hold Firefighter I or Essentials Certification?     Yes     or     No

List all firefighting courses you have completed, and attach photocopies of certificates:

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

List all CPR, First Aid, or EMS courses you have completed, and attach photocopies of credentials:

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

Please list any additional relevant experience or training, including military or industrial:

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

**Additional Background Information**

If you are physically disabled in a manner that may restrict your duties as a firefighter, explain:

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

If ever convicted of any crime other than a traffic violation, list the crime and date of conviction:

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

Do you currently possess and have the ability to maintain a valid New York State driver s license?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

**Personal References (not related to or living with you)**

Name: \_\_\_\_\_ Years Known: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Name: \_\_\_\_\_ Years Known: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Name: \_\_\_\_\_ Years Known: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

May we contact your employer(s) and above references? Yes or No

If "No," please explain: \_\_\_\_\_

**Statement of Privacy Protection of Information**

*The Newton Abbott Fire Company, Inc. does not release personal information of an applicant to any outside party other than that stated in the application, e.g. the Police Department, for the purpose of verifying the identity, criminal background, and driving record, of the applicant.*

**Statement of Non-Discrimination**

*The Newton Abbott Fire Company, Inc. does not discriminate against any applicant on the basis of age, race, color, gender, religion, sexual orientation, disability, or nationality. All applicants are reviewed equally and are considered automatically untenable only in the case of a prior felony conviction or serious health concerns as stated by a physician.*



**Applicant Statement of Verification and Release**

I, \_\_\_\_\_, hereby authorize the Investigation Committee of the Newton Abbott Fire Company, Inc. to obtain an Arson Conviction/Sex Offender records check on myself.

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

I, \_\_\_\_\_, affirm that the information I have submitted in this application for membership in the Newton Abbott Fire Company, Inc. is, to the best of my knowledge, true and complete. I understand that any false statement or information on this application shall be considered sufficient grounds for refusal of my application, as well as dismissal from the membership of the Newton Abbott Fire Company, Inc.

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