



# Hamburg Volunteer Fire Department, Inc.

Kimberly Skrzypek, President  
Shannon Rosati, Vice President  
James M. Spute, Department Treasurer  
Christopher Podpora, Financial Secretary  
Sharon L. Dimpfl, Corr. Secretary  
**Telephone: (716) 649-1753**

**Post Office Box 82  
301 Union Street  
Hamburg, NY  
14075**

Timothy Moses, Chief  
Jared Sterner, 1<sup>st</sup> Assistant Chief  
Eric Dahlgren, 2<sup>nd</sup> Assistant Chief  
Nicholas Pikul, EMS Chief  
Bruce Gannon, Training Officer  
**Facsimile: (716) 649-1535**

## APPLICATION FOR MEMBERSHIP

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

- \_\_\_\_\_
 

Last Name	First Name	Middle Initial
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- \_\_\_\_\_
 

Address	Apt./Suite No.
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- \_\_\_\_\_
 

City, Town, Village	State	Zip Code
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- \_\_\_\_\_
 

Home Phone Number	Cell Phone Number	E-Mail
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5. How long have you lived at the above address? Years: \_\_\_\_\_ Months: \_\_\_\_\_

6. Date of Birth: \_\_\_\_\_

7. Are you currently employed? Yes  No

If "Yes" please list your employer information below.

Name of Employer: \_\_\_\_\_

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

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

May we contact your employer as a reference? Yes  No

9. Please indicate your availability to participate in normally required fire department activities (meetings, drills & emergency calls)

Weekdays: Days: \_\_\_\_\_ Evenings: \_\_\_\_\_ Nights: \_\_\_\_\_

Weekends: Days: \_\_\_\_\_ Evenings: \_\_\_\_\_ Nights: \_\_\_\_\_

10. Please indicate membership preferences(s):

Ambulance

Heavy Rescue

Pumper Engine

Ladder Truck

Wherever Needed





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

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

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

Contact Person: \_\_\_\_\_

12. Have you been a member of the United States Armed Forces? Yes  No   
If yes, did you receive a dishonorable discharge? Yes  No

A 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 complete details in the additional information section of this application provided on the last page. Please include branch and service dates.

13. Have you ever been convicted or pled guilty to Arson? Yes  No

14. Please list three personal references other than members of this organization whom you have known for at least 3 years.

A. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address \_\_\_\_\_

B. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address \_\_\_\_\_

C. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address \_\_\_\_\_

15. Please list the name names of any acquaintances who are members of this organization:

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

16. Signature of two active members of the Hamburg Volunteer Fire Department

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





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## APPLICANTS AUTHORIZATION FOR RELEASE OF INFORMATION

In order to confirm the information that I supplied on this application for membership with the Hamburg Volunteer Fire Department. I authorize all licensing agencies, educational institutions, law enforcement agencies, present and former employers, and the military services to disclose their relevant records about me to the Hamburg Volunteer Fire Department whether the information be of public, private or confidential nature, and I release them from any liability and responsibility from doing so.

The authorization, in original copy form shall be valid for this and any future information, reports or updates that may be requested.

I understand that this form will accompany requests for official documents and confirmations of my credentials.

Applicant Name (Please Print)	Applicant Signature	Date
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Witnessed by:

Name & Title (Please Print)	Signature	Date
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Please list any information about a change in your name, use of an assumed name, or nickname necessary to enable a check on your eligibility for membership.

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