

BUNK-IN MEMBERSHIP APPLICATION

Bunk-in Applicants must meet the following criteria:

1. be a full-time student in a college in Albany County or an adjacent county,
2. have a permanent residence outside of Albany County, New York,
3. be an active member in good standing of a Fire Department in New York State,
4. be at least 18 years of age before the beginning of Bunk-in Program residency,
5. have completed Firefighter I before the beginning of Bunk-in Program residency.

NOTE: If Applicant is not at least 18 years of age when this Application is submitted, a parent or guardian's signature is also required.

This is a _____ New Application _____ Renewal Application.

SECTION 1. BIOGRAPHICAL INFORMATION

FULL NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL ADDRESS _____ CELL PHONE # _____

DATE OF BIRTH _____ MONTH & YEAR OF HIGH SCHOOL GRADUATION _____

SECTION 2. HOME FIRE DEPARTMENT AFFILIATION

NAME OF FIRE DEPARTMENT _____

ADDRESS OF FIRE DEPARTMENT _____

CHIEF'S NAME _____

CHIEF'S CONTACT INFORMATION: PHONE# _____

EMAIL ADDRESS _____

DATE APPLICANT'S HOME DEPARTMENT MEMBERSHIP BEGAN _____

DATE COMPLETED FIREFIGHTER 1 _____

HIGHEST RANK OR OFFICE ATTAINED BY APPLICANT _____

LIST ALL FIRE AND EMS TRAINING AND CERTIFICATIONS OTHER THAN FIREFIGHTER 1

PROVIDE THE NAME AND CONTACT INFORMATION OF ONE REFERENCE FROM YOUR FIRE DEPARTMENT OTHER THAN A CHIEF OFFICER

SECTION 3. ACADEMIC ENROLLMENT DURING BUNK-IN PROGRAM

NAME OF COLLEGE OR GRADUATE SCHOOL _____

CURRENT CLASS OR YEAR (e.g. JUNIOR, L-1, etc.) _____

EXPECTED MONTH & YEAR THAT YOU WILL COMPLETE YOUR STUDIES AT THIS SCHOOL _____

WILL YOU BE A FULL-TIME STUDENT AS DEFINED BY YOUR SCHOOL DURING THE ENTIRE PERIOD OF YOUR EXPECTED PARTICIPATION IN THE BUNK-IN PROGRAM? _____

IF REQUESTED, WILL YOU PROVIDE AN AUTHORIZATION TO ELSMERE FIRE DEPARTMENT TO VERIFY YOUR STATUS WITH YOUR SCHOOL DEAN, REGISTRAR, OR BURSAR? _____

PROVIDE THE NAME, ADDRESS, AND PHONE NUMBER OF THE APPROPRIATE OFFICER AT YOUR SCHOOL TO CONTACT WITH REGARD TO YOUR (CONTINUED) ENROLLMENT

SECTION 4. WORK HISTORY

A. CURRENT EMPLOYMENT

CURRENT OCCUPATION _____

CURRENT EMPLOYER _____

HOW LONG HAVE YOU BEEN EMPLOYED BY THIS EMPLOYER? _____

EMPLOYER'S ADDRESS _____

EMPLOYER'S PHONE# _____

IMMEDIATE SUPERVISOR'S NAME _____

NAME OF PERSON TO CONTACT FOR WORK REFERENCE _____

B. PAST EMPLOYMENT

LIST ALL PAST EMPLOYERS IN REVERSE CHRONOLOGICAL ORDER. USE ADDITIONAL SHEETS IF NECESSARY.

OCCUPATION _____

EMPLOYER _____

HOW LONG WERE YOU EMPLOYED BY THIS EMPLOYER? _____

EMPLOYER'S ADDRESS _____

EMPLOYER'S PHONE# _____

IMMEDIATE SUPERVISOR'S NAME _____

NAME OF PERSON TO CONTACT FOR WORK REFERENCE _____

C. EMPLOYMENT INFORMATION

WERE YOU EVER INVOLUNTARILY TERMINATED FROM EMPLOYMENT FROM A PREVIOUS EMPLOYER? _____
IF YES, EXPLAIN CIRCUMSTANCES OF TERMINATION(S) HERE _____

SECTION 5. PERSONAL REFERENCES

PROVIDE COMPLETE CONTACT INFORMATION FOR TWO REFERENCES NOT AFFILIATED WITH YOUR HOME DEPARTMENT. IN PLACE OF ONE REFERENCE, YOU MAY SUBSTITUTE A LETTER OF RECOMMENDATION (DATED WITHIN THE PAST TWELVE MONTHS) SUBMITTED WITH A COLLEGE APPLICATION.

1. _____
2. _____

SECTION 6. BACKGROUND INFORMATION

DO YOU CONSENT TO HAVING A CREDIT AND BACKGROUND CHECK PERFORMED AS PART OF THE REVIEW OF YOUR APPLICATION? _____

SOCIAL SECURITY NUMBER _____

DO YOU HAVE A VALID NEW YORK STATE DRIVER'S LICENSE? _____

DRIVER'S LICENSE # _____ EXPIRATION DATE _____

HAVE YOU INCURRED ANY TRAFFIC VIOLATIONS IN THE PAST TWO YEARS? _____
IF YES, EXPLAIN IN DETAIL _____

DO YOU CONSENT TO HAVING A DRIVER'S LICENSE CHECK PERFORMED AS PART OF THE REVIEW OF YOUR APPLICATION? _____

DO YOU CONSENT TO BEING INCLUDED IN ELSMERE FIRE DISTRICT'S LICENSE EVENT NOTIFICATION SERVICE (LENS) THROUGH THE NYS DEPARTMENT OF MOTOR VEHICLES? _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME (FELONY or MISDEMEANOR) OR A VIOLATION? _____
IF YES, EXPLAIN IN DETAIL _____

Please sign and date the below before mailing this Application. If the Applicant is under the age of eighteen at the time of signing, please print and attach a duplicate of this page with a parent or guardian's signature.

All applications with original signatures must be **mailed or next day delivered** to:
Elsmere Fire Department
Attn: Bunk-in Program Coordinator
15 West Poplar Drive
Delmar, NY 12054
(518) 439-9144

OVERVIEW OF THE APPLICATION REVIEW PROCESS

All applicants will be notified by email at the address listed on the Application when the Application is received by the Program. This is a courtesy notification advising the Applicant that the Application had been received.

As part of the routine initial application review process, inquiries may be made to references and others to inquire about the character, general reputation, driving history, and firefighting qualifications of the Applicant.

Following initial review of the Application for consideration, the Applicant will be contacted and further information and authorizations may be requested.

Applicants being considered for admission into the Program will be contacted to arrange for an in-person interview with the Bunk-in Committee at Elsmere Station 1. At that time, tours of the Bunk-in House and Fire Stations will be provided. Applicants under the age of 18 must be accompanied at the interview by a parent or guardian. It is highly recommended that undergraduate students in their freshman and sophomore years be accompanied at the interview by a parent. Following the interview, the Bunk-in Committee will determine whether or not to accept the Applicant into the Program.

Any false statements, misrepresentations, or failure to disclose any pertinent information by the Applicant on this Application, on other required documents, or during the interview shall be considered sufficient cause for denial of acceptance into or termination from the Bunk-In Program.

By signing below, I certify that the information in this Application is true and complete to the best of my knowledge. I understand that the information provided will be relied upon by the Elsmere Fire Department Bunk-in Program and that any incorrect information or misstatements may be deemed material misstatements of fact. I further certify that I have read and understand the Bunk-in Program General Information and Contract Package.

Signature _____ Date _____

Membership in the Bunk-In Program with Elsmere Fire Department depends solely upon the Applicant's qualifications. Elsmere Fire Department does not discriminate because of race, creed, color, religion, national origin, sex, or marital status.

APPLICATION APPENDIX “A”

The following are general requirements for Applicants in order to be eligible for the Elsmere Fire Department Bunk-in Program. They are provided for informational purposes and are not intended to be all-inclusive.

1. Applicant must be a member in good standing of a volunteer fire department within New York State which shall be designated the “home department”.
2. Applicant must be designated as an Interior Firefighter in their home department.
3. Applicant must provide a letter from the Fire Chief or officer of the AHJ of the home department stating that the Applicant is designated as an Interior Firefighter, is SCBA qualified, and has successfully completed New York State Firefighter 1 or will complete Firefighter 1 before commencing residency in the Program. The letter from the Fire Chief or AHJ and proof of completion of Firefighter 1 should be submitted with the completed application.
4. Applicant must be eighteen years of age prior to the beginning residency in the Program.
5. Applicant must be a High School Graduate (or obtain GED) prior to June 30th in the year the application is submitted.
6. Applicant must be a full-time, matriculated student in a college program within Albany County or an adjacent county.
7. Applicant must sign the Bunk-In Contract and provide \$250.00 refundable room deposit upon acceptance into the Program.
8. Depending upon the documentation produced by home department, Applicant may be required to undergo a physical examination under the auspices of the Elsmere Fire District Medical Director Physician and a SCBA fit test per applicable OSHA standards prior to commencing orientation into the Program.
9. Applicant must successfully pass Elsmere Fire District Initial Training Program (ITP) as a condition of remaining in the Program.
10. Applicant is expected to read and understand the provisions of the General Information and Contract Package for more specific information and additional responsibilities and requirements.