



Town of Oswego Volunteer Fire Department

640 County Route 20
Oswego, NY 13126
www.otvfd.com

Dear Prospective Member:

Thank you for the interest you've expressed in becoming a volunteer with the Town of Oswego Volunteer Fire Department. Before completing the enclosed application, every potential member is asked to read the information in this packet. This information will help you decide what kind of membership may be best for you. It will also help you decide if you can fulfill the obligations of that membership category. You should carefully review this outline to make your decision. We encourage you to contact one of the membership committee members if you have questions or would like more information about the various membership opportunities.

Once you have decided that being a volunteer with the Town of Oswego Volunteer Fire Department is for you, complete the application and return it to any person on the membership committee or to the address at the top of this letter. We will keep you updated about decisions regarding your potential membership. You are encouraged to attend training drills and meetings although you will not be able to actively participate or vote on issues until your membership has been approved.

Again, thank you for your interest. We look forward to considering your application for membership.

Sincerely,

The Membership Committee
Town of Oswego Volunteer Fire Department



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Membership Classifications

The following categories or classifications of membership are available to applicants according to the Constitution and Bylaws of the Town of Oswego Volunteer Fire Department. The membership committee encourages you to review the requirements and benefits of each classification before you complete the enclosed application.

Active Firefighter/Active Emergency Medical Services Volunteers

Requirements

Within a calendar quarter you must:

- Attend at least three drills
- Attend at least one business meeting
- Attend at least one scheduled work detail

Other requirements

- Pass a background check
- Participate in fund raising activities
- Complete yearly online OSHA
- Complete required NIMS training.
- Successfully complete NYS Fire Fighter 1 course within three years
- EMS members must successfully complete a minimum Certified First Responder course within two years
- Fire Police must successfully complete appropriate training within one year.
- Complete six month probationary period.

Benefits of active membership:

- Department supported training
- Service awards program
- Life Insurance
- Annual installation banquet
- Holiday party
- September family picnic
- Children's holiday party with Santa
- Visit by Santa
- All safety equipment provided

Active - Appointed (College students)

If you are a member of another department and looking to join our department you will be required to submit a letter from your home department. This letter must state that your home department is aware of your intentions to volunteer with our department on a regular basis and include verification of any qualifications you have from your home department.

Active Firefighter with restrictions

This is for members of our explorer post that are between the ages of 16-18.

Active Coffee Squad

Active Coffee Squad members should participate in at least one coffee squad request during a calendar year. Members are required to be 18 years of age and submit a complete application and be approved by the Fire District. Member will complete yearly OSHA review as provided by the department.



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Corporate

Requirements:

- Attend one business meeting per quarter with a minimum of six meetings per year
- Participate in fund raising activities
- Complete six month probationary period

Benefits:

- Annual installation banquet
- Holiday party
- September family picnic
- Children's holiday party
- Visit by Santa

Social

There are no requirements for social members but they are encouraged to participate in department fundraising activities when they can. There is a yearly \$10 dues fee for social members.



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Application for Membership

Legal Name _____ Home Phone Number _____

Address _____ Cell Phone Number _____

Email Address _____

I wish to be considered for the following type of membership (please circle ONE):

Active Fire/EMS Firefighter w/restrictions Active Medical Only
Coffee Squad Corporate Social Appointed

Have you ever been a member of another fire department or ambulance corps?

YES/NO – If yes please fill out the following:

Name of previous department/corps _____

Are you still a member of this dept/corps ? YES/NO

Dates involved: _____

Have you ever been denied membership/dismissed from fire department?

YES/NO – If yes please fill out the following:

Name of previous department _____

Reason for being denied/dismissed _____

Do you have any medical or firefighting certifications or classes?

If yes, please list them: _____

Have you ever been convicted of any arson related crime? YES/NO

Please include any additional information that you would like to below or attach other documentation as necessary.

Official Use Only

Date application received: _____

Date approved by membership committee: _____

Date approved by Board of Fire Commissioners: _____

Date approved by Line Officers: _____

Date approved by Department Membership: _____