Hilton Fire Department Application For Volunteer Membership

Interested in volunteering in your community? The Hilton Fire Department is always looking for dedicated, hard working individuals looking to serve their community. We are actively seeking motivated volunteers for Interior Fireflighters and Fire Police.

Requirements:

- Age 18+
- Physically Capable to perform required duties
- Good moral character
- Firefighter and Fire Police applicants must reside in the Hilton-Parma fire District

Benefits:

- Serves community you live in
- \$200/year NYS tax credit
- Meet new people
- Become a member of the Fire Department family
- And many more!

No experience? No problem! The Hilton Fire Department provides all training to you at no cost. Also, our Explorer program for junior firefighters covers ages 14-'18 and grades 9-12. Both boys and girls are accepted.

Come to the firehouse for an application or download one below. Once completed, email it to recruitment@hiltonfd.org or drop it off at the fire house.

More information:

Still not sure you have enough information? Send us an email at recrultment@hiltonfd.org to come get a tour of the firehouse and learn more about what it's like to be a member by talking to us face to face.

Financial Support

Unable to volunteer? Support us through a donation and/or by shopping at our carnival merchandise store ,



August 2024

Hilton Fire Department

120 Old Hojack Lane Hilton, NY 14468 (585) 392-8601

Application for Volunteer Membership

Type of Membership Applying For:	Interior F	irefighter	Fire Police			
Last Name:	First N			M.I.:		
Physical Address:						
Physical Address 2:						
City/Town/Village:		State:	Zip Code:	:		
Phone Number:		Email:				
Is mailing address the same as the physical address? Yes:						
Mailing Address:						
Mailing Address 2:						
City/Town/Village:		State:	Zip Code:			
How long have you resided at this a	nddress?	Years:	Months:			
Are you 18 years of age or older?	Yes:	No:				
Are you a United States Citizen?	Yes:	No:				
Do you have a New State Driver's License? Yes: A No:						
Are you current employed? Yes:	No:					
May we contact your employer for a reference? Yes: No:						
If yes, enter your employer information b	elow.					
Company Name:						
Address:						
Supervisor Name:						
Supervisor Phone:	S	Supervisor Ema	ail:			

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

Weekdays:	Days	Evenings	Nights	
Weekends:	Days	Evenings	Nights	
Previous emo	ergency serv	ice experience (incl	ude fire, rescue, p	oolice and emergency medical service
Name of Age	ency:			
Address:				
Length of Service:			Service Dates:	
Contact Person:			Tele	phone Number:
Additional infor	rmation (attacl	n separate sheet if not	filling electronically	<i>(</i>)
Have you eve	r been a mem	ber of the United Stat	es Armed Forces?	Yes No
If yes, what ty	pe of discharg	e did you receive?		
Have you eve	r been convict	ed of a criminal offens	se? Yes N	No
If yes provide o	details:			
Please list thre least three year		ferences, other than r	nembers of this org	anization, who have known you for at
Name:				Phone:
Name:				Phone:
Name:				Phone:
Please list the	names of any	/ acquaintances that a	re members of this	organization:

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Applicants are required to pass a medical examination before becoming a member. Are you willing to undergo a medical examination at no cost to you? Yes No

Education: Please list the school's name and highest-grade level completed or degree achieved next to the following:

High School Name:

Year Graduated:

College:

Degree:

Year Graduated:

Year Graduated:

Year Graduated:

Additional Information:

PRIVACY NOTIFICATION

Section 94 of the Public Officers Law (Personal Privacy Protection Act) requires that you be notified of the following facts when information which will be maintained in a record system is collected from you.

The authority to request and confirm personal information about you is found in Article 6 of the Executive Law.

The information obtained will:

- a. Be used to determine your qualifications for the position for which you are applying.
- b. Be released to the fire chief and your potential supervisors: and
- c. Be maintained in your personal file (if you become a fire department member) or in our resume file for six months (if you are not a fire department member.)

Failure to provide the information or authorization will result in your application not being considered for membership. The information will be maintained by the Board of Directors of The Hilton Fire Department, 120 Old Hojack Lane, Hilton. NY 1446.

Telephone Number: (585) 392-8601