

# IRONDEQUOIT FIRE DISTRICT



Ridge-Culver Fire Association  
2960 Culver Road  
Rochester, NY 14622  
585-467-4241



Laurelton Fire Association  
405 Empire Blvd  
Rochester, NY 14609  
585-482-8584

Dear Applicant,

Thank you for your interest in becoming a member of one of our Fire Associations with the Irondequoit Fire District. We are lucky enough to offer you two different associations based on your geographical location.

The Fire Associations are organizations of members charged with the responsibility of supplying the active manpower to the fire district. The Fire Associations coordinate fund raising events, planning events for members to attend such as the defensive driving course and purchasing of equipment to keep our firefighters well versed in life safety tactics. Our members are past and present firefighters who volunteer to protect and serve our community.

## **Fire Association Membership Application & IFD Background Check Consent Form**

Please select (Laurelton or Ridge-Culver Fire Association or No Preference): Circle One  
Are you also interested in becoming an **Active** Firefighter (Yes or No): Circle One

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

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

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

Mobile Phone #: \_\_\_\_\_

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

Social Security Number: \_\_\_\_\_

NYS Driver's License Number: \_\_\_\_\_

### Authorization and Consent for Background Check

I, the undersigned, hereby authorize the Irondequoit Fire District to conduct a comprehensive background check as part of the application process. I understand that the background check may include, but is not limited to, the following: criminal history records, driving records, employment history, educational history and personal references.

I understand that the information obtained from the background check will be used solely for the purpose of evaluating my suitability for service with the IFD. I also understand that any adverse information discovered may affect my membership eligibility.

(see next page)

Disclosure of Information

I authorize the IFD to obtain any and all information concerning my background, including but not limited to, records maintained by law enforcement agencies, educational institutions, previous employers, and other sources as necessary. I release all persons, organizations, and agencies from any and all liability or damages that may result from the release, receipt, or use of such information.

Confidentiality

I understand that all information obtained during the background check will be kept confidential and will only be disclosed to authorized personnel involved in the selection process.

Certification

I certify that all information provided in my application and this form of consent is true, complete, and accurate to the best of my knowledge. I understand that any false or misleading information provided may result in the rejection of my application or termination of my service.

Applicant's Signature: \_\_\_\_\_

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

**Applications can be emailed to the Volunteer Staff Supervisor: [abeyea@irondequoitfire.org](mailto:abeyea@irondequoitfire.org)**

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**For Department Use**

Date completed application received: \_\_\_\_\_

Date background completed: \_\_\_\_\_

Date voted in Association: \_\_\_\_\_

Date NYS DMV Driver's License Check: \_\_\_\_\_