



Oswego Town Volunteer Fire Department
640 County Route 20
Oswego, NY 13126
Phone/Fax - 315-343-2030
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 completed 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 categories.

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 page. We will keep you updated about decisions regarding your potential membership. You are encouraged to attend training drills and meeting 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

For email/phone contact or questions please reach out to

Brian Katzman
Captain/Commissioner
Email - bkatzman@otvfd.com

Greg Herrmann
Assistant Fire Chief
Email - herrmanngreg@mac.com
Cell - 315-592-1558



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Membership Classifications

The following categories of classifications of membership are available to applicants according to the Constitution and Bylaws of the Oswego Town 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 and/or Emergency Medical Services Volunteers)

Requirements

Within a calendar quarter you must:

- Attend at least 3 drills
- Attend at least 1 business meeting
- Attend at least 1 work detail
- Attend 10% of the emergency calls

Other requirements:

- Assist with fundraising activities
- 6-month probationary period
- Successfully complete BEFO (Basic Exterior firefighting operations) class within 3 years.

OR

- Certified First Responder Course or higher within 2 years

OR

- Certified Fire Police course

Benefits of active membership

- Department support training program
- Service awards program
- Life insurance
- Annual installation banquet
- Member's holiday party/children's holiday party
- September family picnic
- Member assistance program
- All necessary safety equipment

CORPORATE

Requirements

- Attend one business meeting per quarter
- Minimum of 6 business meeting per year for voting
- Participate in fund raising activities as available

Benefits of active membership.

- Annual installation banquet
- Member's holiday party/children's holiday party
- September family picnic
- Member assistance program

ANCILLARY SUPPORT

Ancillary Support members should participate in at least one support request during the calendar year. Members are required to be 18 years of age and complete annual OSHA training as required.

APPOINTED MEMBERS

If you are a member of another fire department or ambulance corps and looking to join our department, you will be required to submit a letter from your home dept/corps. This letter must state that your home department/corps is aware of your intentions and include verification of any qualifications you have from them.



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Application for Membership

Legal Name _____ Phone Number _____

Address _____ Email _____

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

ACTIVE FIRE/EMS (Age 18+)

RESTRICTIVE MEMBERS (Age 16-21)

ANCILLARY SUPPORT

APPOINTED

CORPORATE

If someone gave you this application, please list their name here _____

Have you been a member of another fire department or ambulance corps? YES NO

If yes, please indicate name of department/corps _____

If yes, are you still a member? YES NO

Have you ever been denied membership or dismissed from any volunteer fire department?

YES NO - If yes, what department _____

Do you have any medical or firefighting certificates/classes YES NO

If yes, please attach copies of any certifications or certifications.

If you have any additional information, you feel would be beneficial to your application.
please also attach it to this packet.

Date received _____ Line officer approval _____

Membership Committee approval _____ Department approval _____

Executive Board approval _____

Board of Fire Commissioners approval _____

Document modified 12/3/2024



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CRIMINAL HISTORY RECORDS CHECK

I, the undersigned, hereby authorize the New York State Court System and the Oswego County Sheriff's Department to release to the Town of Oswego Fire District any criminal history records, on file under the name(s) listed below.

Legal name _____ also known as _____

Maiden name _____ Date of Birth _____

Social Security Number _____ Place of Birth (City, State) _____

Current address _____

From _____ to date of this application.

Previous address _____

From _____ to _____

Height _____ Race _____

Requested by Commissioner _____ Date _____

It is understood that this search is of New York State Criminal Court records and that of Sheriff's/associated police records and may/may not include information from other police agencies. The Authorizing Party hereby agrees to indemnify and hold harmless the New York State Court System and the Oswego County Sheriff's Department, its officers and employees from and against any and all claims, demands, actions, suits and proceedings by others; against all liability to others, including but not limited to any action whatsoever, and against any loss, cost, expense and damages resulting there from, arising out of or involving any negligence on the part of the Authorizing Party in the execution of this criminal history records check.

Motorist ID Number _____

Authorizing Party's (Applicant's) Signature _____ Date _____



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LENS – License Event Notification System form

The Board of Fire Commissioners at their May 2001 meeting passed a resolution stating that all active members will be required to participate in the NYS Department of Motor Vehicles License Event Notification System (LENS). This resolution was passed based on discussion with the Commissioners, Chiefs and Fire District insurance company. Please read the release form below, fill in the appropriate information at the bottom, sign and return.

DISCLOSURE AND RELEASE

In connection with my new application for membership or my continued membership in the Oswego Town Volunteer Fire Department/Oswego Town Fire District, I understand that consumer reports, which may contain public record information, may be requested and obtained. These reports may include information related to my previous driving record including court actions, citations, license suspensions and revocations.

I authorize, without reservation, any party or agency contacted to furnish the above-mentioned information.

I have the right to obtain information as to the name, address, and phone number of any agency providing such information and further, may request of that the agency, upon proper identification, the nature and substance of all information in its files on me at the time of my request, including all sources of information as well as recipients of any reports on me which that agency has previously furnished within the (2) year period preceding my request.

This authorization shall remain on file and shall serve as ongoing authorization for the organization to procure Motor Vehicle Reports at any time during my employment, membership or contract period.

Print Name _____

Driver's License Number _____

Social Security Number _____

State license was issued in _____

Signature _____ Date _____