

Organized In 1833

# Skaneateles Volunteer Fire Department, Inc.

P.O. Box 151

77 West Genesee Street

Skaneateles, New York 13152

Phone 315-685-3496

Fax 315-685-3825

Welcome, and thank you for your interest in joining the Skaneateles Volunteer Fire Department.

Please fill out the application and return it to us. Once your application has been reviewed by the Department you will then be contacted and can proceed to schedule your physical. Our Department By-Laws require all new applicants to have a complete physical followed by annual assessments. Your health and ability to safely be an active member is our greatest priority.

Our Department physicals are conducted by Karin Kroeger MD and Peer Soderberg MD of Family Practice, 5566 Jordan Road, Elbridge, 689-1833.

During the appointment you will be asked to submit to a complete physical exam that may include but not limited to: urine sample, vision test, ECG, Pulmonary Function test, PPD and any other test that the physician deems necessary. You will also be given the opportunity to receive the HEPATITIS B vaccine, additional information is available and any questions may be directed to the physician.

If you have any questions or concerns please feel free to contact:

Eric Sell, Chief

Kathy Murphy, President

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## **RELEASE**

To Whom It May Concern:

In connection with my application for membership with the Skaneateles Volunteer Fire Department, I hereby authorize the Skaneateles Volunteer Fire Department to conduct such background investigation as it deems necessary, including, but not limited to, civil judgment search, criminal record search and motor vehicle search, and I authorize third parties to whom this Release is presented to provide such background information as is requested.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date



Since 1794

# Onondaga County Sheriff's Office

407 South State Street  
Syracuse, New York 13202  
Records Section ( 315 ) 435-3010

## Criminal History Records Check

\*\*\* Not Valid Without Onondaga County Raised Seal \*\*\*

Print or Type Information AND Submit with Authorizing Party's Original Signature

I, the undersigned, hereby authorize the Onondaga County Sheriff's Department to release to \_\_\_\_\_  
any Sheriff's Department records or police records that may be associated with  
the Sheriff's Records, located in the central repository for such police / criminal history records, on file under the  
following name (s).

### Legal Name

\_\_\_\_\_  
( Last Name ) ( First Name ) ( Middle Initial )

Also Know As ( AKA )   
Maiden Name

\_\_\_\_\_  
( Last Name ) ( First Name ) ( Middle Initial )

Date of Birth

Social Security #

Current Address

Previous Address

It is understood that this search is of Sheriff and associated police records and may or may not include information from other police agencies. The authorizing party hereby agrees to indemnify and save harmless the Onondaga County Sheriff's Department, it's 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 liability for damages by reason of or arising out of any cause or action whatsoever, and against any loss, cost, expense or damages resulting therefrom, arising from or involving any negligence on the part of the authorizing party in the execution of this criminal history records check. This form is an official document of the Onondaga County Sheriff's Office therefore any alteration or false information provided will result in criminal prosecution.

Signature \_\_\_\_\_

Date \_\_\_\_\_

|   |
|---|
| <p>Sheriff's Records Reveal<br/>( Yes / No ) Police Record<br/>Under Name (s) Indicated</p> <p>Searched By: _____</p> <p>Date : _____</p> <p><i>Valid Only with Onondaga County Raised Seal</i></p> |
|---|

| Date | Charge (s) | Agency |
|------|------------|--------|
|      |            |        |

Notice : This form must be notarized if not presented in person.

Notary Public