



**NYS Division of Homeland Security and
Emergency Services
Office of Fire Prevention and Control**

Volunteer Firefighter Inquiry Form
Westchester County Agencies

OFPC USE ONLY	Date/Time Stamp
NYSPIN #	

***NOTE: ALL FIELDS IN SECTIONS 1 & 2 MUST BE COMPLETED**

PLEASE TYPE OR PRINT NEATLY WITH BLACK INK

FAX completed form directly to OFPC Arson Bureau @ (518) 242-3746

Section 1: Fire Department Information

Name:			Date:		
Street Address:					
Post Office:		State:		Zip:	
Daytime Phone Number:		Fax Number:			
PRINT Name of Requesting Chief Officer:					
Signature:			Title:		

Section 2: Applicant Information

Last Name:		First:		MI:	
Street Address:					
Post Office:		State:		Zip:	
Nickname:		Sex:	Male Female	Height:	___Ft. ___In.
Race/Apperance:	White Black Am. Indian Asian Hispanic Other				
DOB:	/ /	Age:		Social Security Number:	

INVESTIGATING OFPC OFFICER: _____		DATE: _____
INVESTIGATING OFPC OFFICER SIGNATURE: _____		
RESULTS OF INQUIRY	<input type="checkbox"/>	No Record of Arson Conviction; and No Record of Conviction Requiring Registration as a Sex Offender PROCEED WITH APPLICATION PROCESS
	<input type="checkbox"/>	Arson Conviction Found APPLICANT MAY NOT JOIN VOLUNTEER FIRE DEPT.
	<input type="checkbox"/>	Convicted of a Crime Requiring Registration as a Sex Offender; Fire Company shall refer to Correction Law §§752 and 753 to determine eligibility. Fire Company contact the Sex Offender Registry at 800-262-3257 to learn more.
	<input type="checkbox"/>	Arson and/or registerable sex offense case is pending adjudication APPLICANT / TRANSFEREE APPROVAL MUST BE DELAYED