

Copenhagen Fire Department, Inc.



"HOME OF THE CUBS"

Copenhagen, N.Y. 13826

**APPLICATION FOR MEMBERSHIP**

**GENERAL**

Name: Noah Williams-Bailey

Any other name you may go by? Yes  No   
If yes, contact the Chief.

Home Telephone No.: \_\_\_\_\_ Cell 315-783-3288

Address: 10239 Plank Rd.

How long at this address? 7 yrs.

How long in New York State? 16 yrs.

Resident of Village of Copenhagen? Yes  No

Resident of our Fire District?  Yes No

E-mail: \_\_\_\_\_

Do you have a VALID driver's license? Yes  No

\*Subject to NYS Law, you will be required to undergo a background check for prior felonies; ie arson/Penal 130 offenses. This will require your Social Security Number to be given to the Chief at time of Arson Check. FOR CLARIFICATION, refer to Executive Law Section 837-o.

**EMPLOYMENT**

Present Employer: Hebert Farm

If yes, may we contact your employer? Yes  No

If yes, name/phone number of employer:

Present Work Hours: \_\_\_\_\_

**HEALTH**

Do you have any conditions that may hinder your activities as a member? Yes  No

Do you have any allergies that may hinder your activities as a member? Yes  No

If yes to the above, please inform the Chief.

\*Upon Active Membership approval, a physical exam will be required by OSHA guidelines. If Corporate Membership status is requested, no physical exam is required.

**REFERENCES**

Please list 3 PERSONAL references (not relatives), who are NOT members of this Department, who have known you for at least 3 years, including address and phone number.

- 1: HOPE STAPLIN 315-286-6021
- 2: DYLAN HENRY 315-777-1320
- 3: APRIL SMITH 478-841-8138

**PRIOR EXPERIENCE**

Have you ever belonged to another Fire Department? Yes  No   
If yes, where and how long?

Are you willing to be involved in fundraising for the Department?  Yes  No

**CERTIFICATION**

I, Nash Williams - Daily, CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND CORRECT, TO THE BEST OF MY KNOWLEDGE. FALSE INFORMATION GIVEN ON THIS APPLICATION WILL RESULT IN DENIAL OF APPLICATION OR TERMINATION OF MEMBERSHIP.

Nash Williams  
SIGNATURE

6-5-02  
DATE

[Signature]  
MEMBER SIGNATURE

6-5-02  
DATE

\*This is an equal opportunity program. Discrimination is prohibited by federal law. Complaints of discrimination may be filed with the USDA Director, Office of Civil Rights, Rm. 326-W, Whitten Bldg., 1400 Independence Avenue SW, Washington D.C. 20250-9410, or call 202-720-5964 (voice or TTY/TDD.) TTY/TDD statewide access is 711.

**AUTHORIZATION FOR  
RELEASE OF INFORMATION**

In order to confirm the information on my application for membership with the Copenhagen Volunteer Fire Department, I authorize all licensing agencies, educational institutions, law enforcement agencies, present and former employers and military services to disclose their RELEVANT records about me to the Copenhagen Volunteer Fire Department, whether the information be public, private and/or confidential in nature; and I release the Copenhagen Volunteer Fire Department for any liability and responsibility for doing so.

This authorization, in original copy form, shall be valid for this and future information, reports or updates that may be requested.

I, the undersigned, understand that this form will accompany requests for official documents and confirmation of my credentials.

Noah Williams - Bailey  
Applicant's Name (printed)

6-5-22  
Date

Noah Williams  
Applicants Signature

Witnessed by:

TJ Williams  
Member's Name (printed)

6-5-22  
Date

TJ Williams  
Member's Signature

**FOR OFFICE USE ONLY**

	Date Given	Date Rcv'd
Application	<u>6/16/22</u>	<u>7/7/22</u>
Bylaws	_____	_____
Code of Ethics	_____	_____
Physical Papers	_____	_____
Arson Investigation	<u>6/16/22</u>	_____
Investigating Committee	_____	_____

Voted for Membership  
Yes \_\_\_\_\_ No \_\_\_\_\_ Abstain \_\_\_\_\_

Enrolled in IAmResponding

\_\_\_\_\_ -COMPLETED

Copenhagen Volunteer Fire Department, Inc.  
P.O. Box 364  
Copenhagen NY, 13626  
(315) 688-4103

I, TJ Williams as the legal Parent/Guardian  
of Noah Williams - Bailey hereby grant permission for  
my 16-17 year old son or daughter to join the membership of the Copenhagen Volunteer  
Fire Department. By signing this consent, I understand that my child will be a full  
member of the Fire Department and will be conducting certain duties that most  
firefighters perform. My child is between 16-17 years old and will be trained and utilized  
in Fire Department operations. The following is a list of what a 16-17 year old may not  
do: No interior firefighting, no driving of fire department apparatus and no fire police  
activities.

Print: Noah Williams - Bailey  
(Son's or Daughter's name)

Signed: TJ Williams

Date: 6/16/22

Notary:

Subscribed and sworn  
to before me this 16 day of June, 2022

[Signature]  
Notary Public

DIANA M. RUSSELL  
NOTARY PUBLIC, STATE OF NEW YORK  
Registration No. 01HE6059290  
Qualified in Jefferson County  
Commission Expires June 25, 2025