



NEW YORK STATE DIVISION OF CRIMINAL JUSTICE SERVICES
Office of Criminal Justice Operations
Volunteer Firefighter Inquiry Form

New York Laws, Executive Law § 837-o requires that the Fire Chief of a volunteer fire department and the Sheriff's Department conduct an official Arson Conviction and Sex Offender Registration inquiry on all applicants to a volunteer fire department

Please completely fill out the information indicated below.

1. NAME (LAST, FIRST, MIDDLE)				2. ADDRESS (Street, City, Zip Code)				
3. ALIA S AND/OR MAIDEN NAME				4. SEX		5. RACIAL APPEARANCE		
				M	F	White	Black	
				Indian	Asian	Unknown	Other	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. ETHNICITY			7. HEIGHT		8. DATE OF BIRTH		9. PLACE OF BIRTH	
Hispanic	Non Hispanic	Unknown	Ft	In.	Month	Day	Year	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
10. SOCIAL SECURITY NO.								

☐ Applicant signature indicates consent to inquiry

Date _____

OR

☐ Applicant declines inquiry and understands that doing so requires withdrawal of application to join the fire department

Date _____