



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

INSTRUCTIONS: This form is to be used only by a Sheriff's Office (or OFPC, where applicable) when performing searches authorized under NY Executive Law §837-o in connection with individuals seeking membership in a Volunteer Fire Department.

A. DATE:

This form must be U.S. mailed, faxed or hand delivered between agencies. E-mail transmission is not permissible.

Shaded boxes are required data elements.

B. REQUESTING VOLUNTEER FIRE DEPARTMENT

DEPARTMENT NAME:

FIRE CHIEF NAME:

SIGNATURE:

ADDRESS:

TELEPHONE NUMBER:

FAX NUMBER:

1. NAME (LAST, FIRST, MIDDLE)

2. ADDRESS (Street, City, Zip Code)

3. ALIAS AND/OR MAIDEN NAME

4. SEX

M F

5. RACIAL APPEARANCE

White Black Indian Asian Unknown Other

6. ETHNICITY

Hispanic Not Hispanic Unknown

7. HEIGHT
 Ft. In.

8. DATE OF BIRTH
 Month Day Year

9. PLACE OF BIRTH

10. SOCIAL SECURITY NO.

INVESTIGATING OFFICER: _____ DATE _____
 (PRINT NAME/TITLE)

INVESTIGATING OFFICER SIGNATURE _____

RESULTS OF INQUIRY

- NO RECORD OF AN ARSON CONVICTION OR A CONVICTION REQUIRING REGISTRATION AS A SEX OFFENDER
- CONVICTED OF ARSON; NO RECORD OF A CONVICTION REQUIRING REGISTRATION AS A SEX OFFENDER
- CONVICTED OF A CRIME REQUIRING REGISTRATION AS A SEX OFFENDER; NO RECORD OF AN ARSON CONVICTION
- CONVICTED OF ARSON AND CONVICTED OF A CRIME REQUIRING REGISTRATION AS A SEX OFFENDER



Identification Division
155 Lt. VanWinkle Drive
Binghamton, New York 13905

I, _____, residing at _____

_____, New York, hereby request, authorize and direct that the BROOME COUNTY SHERIFF, his deputies, employees and agents conduct a review of any and all records regarding me to which the Sheriff's Office has access, either directly or indirectly, and to report, release and/or divulge the results of said investigations in a form and manner as the Sheriff, his deputies, employees or agents, as in his, her or their sole discretion deem appropriate to:

Any Chief Officer, or the Company President of the Union Center Fire Company Inc.

I acknowledge, understand and agree that the accuracy of any said information is not subject to control of the Sheriff's Office. I further acknowledge, understand and agree that the Sheriff's Office has no control over the use of any information once released and cannot control any re-release of further dissemination of said information provided pursuant to this consent and release.

Further, I do hereby release, remise and discharge the said Sheriff, his deputies, employees and agents and County of Broome, its officer, agents and/or employees of and from any and all causes of action, suit, claims, liability, damages and any have or which my legal representative or future grantees of title shall or may have by reason of matter, action, failure to act or think whatsoever and particularly, but not limited to, the acts or omissions of the Sheriff's Office in regard to this Consent and Release.

Dated: _____

Signature: _____

Printed Name: _____

Maiden Name: _____

Date of Birth: _____

SSN: _____