



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 _____

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

RESULTS OF INQUIRY