

PORT EWEN VOLUNTEER FIRE DEPARTMENT INC.

APPLICATION FOR MEMBERSHIP

Check application type:

Firefighter Firefighter with age restrictions Social Member

Name: _____ Date: _____

Street Address: _____ P.O Box/ Apt _____ / _____

City/State/Zip Code: _____ Phone: () _____

Occupation _____

1) Do you have a Drivers License? Yes/No

If Yes State: _____ Class: _____ Client ID/License# _____

2) Previous emergency service Experience: Yes/No

If Yes , Agency Name _____

Agency Address _____

Contact person: _____ Contact Phone# _____

3) Have you ever been convicted of, or pleaded guilty to a felony, misdemeanor, arson, insurance fraud, or any reduction of these offenses? Yes/No

If Yes give details _____

4) OSHA regulations require that you pass a physical examination before becoming a firefighter. The department's designated physician will provide you with a free medical exam. Are you willing to undergo this medical exam? Yes/No

WITHIN THE FREEDOM OF INFORMATION LAW, ALL INFORMATION CONTAINED OR OBTAINED HEREIN WILL REMAIN CONFIDENTIAL AND WILL BE USED ONLY FOR INTERNAL MEMBERSHIP PROCESSING.

IN WITNESS WHEREOF, this application has been subscribed this ____ day of _____, 20____, by the undersigned applicant who affirms that the statements made herein are true under the penalties of perjury.

Applicant Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Applicant Sponsored by: _____ of the Port Ewen Fire Dept.

SECRETARY'S ENDORSEMENT: This application, accompanied by the proper fees, was received, and read at a regular meeting of the Port Ewen Volunteer Fire Department Inc. held on the ____ day of _____, 20__ . The proposed member being in good standing, this application has been referred to the Examining Committee.

Secretary's Signature: _____ Date: _____

EXAMINATING COMMITTEE REPORT: The Examining Committee wishes to report that it has inquired into the character and competency of the above candidate and have accepted ____ or rejected _____ this application.

Signature: 1. _____ Date: _____

2. _____ Date: _____

3. _____ Date: _____

Applicant Authorization for Release of Information

To confirm the information supplied on this application for membership with the Port Ewen Volunteer Fire Department Inc. I authorize all licensing agencies, educational institutions, law enforcement agencies, present and former employers, and the military services to disclose their relevant records pertaining to myself to the Port Ewen Volunteer Fire Department Inc. Whether this information be of public, private or confidential nature; and I release them from any liability and/or responsibility from doing so.

This authorization, in original copy form, shall be valid for this and any future information, reports, or updates that may be required. I understand that this form will accompany requests for official documents and confirmations of my credentials.

SSN#: _____ DOB: _____ Place of Birth: _____

APPLICANT'S NAME (print) _____

APPLICANT'S Signature _____ DATE: _____

WITNESSED BY (name & title) _____

WITNESS SIGNATURE _____ DATE: _____

Privacy Notification

Section 94 of the Public Officers Law (Personal Privacy Protection Law) requires that you be notified of the following fact when information, which will be maintained in record systems, is collected from you.

The authority to request and confirm personal information about you is found in article 6 of the Executive Law.

The information obtained will:

- * Be used to determine your qualifications for these positions for which you are applying.
- * Be released to the Fire Chief, Board of Fire Commissioners, and your potential supervisors.
- * Be maintained in our personnel file (if you become a fire department member)

or in our resume file for six months (if you're not a fire department member)

Failure to provide the information or authorization will result in your application not being considered for membership. The information will be maintained by the Board of Fire Commissioners of the Port Ewen Fire District PO Box 832, Port Ewen, NY 12466 (845)338-8422.

I have been provided with a copy of the Port Ewen Fire Department Inc. by-laws and agree to comply with the rules and regulations set forth. Any violation of the by-laws or these rules and regulations will result in a review by the Department and the Board of Fire Commissioners which could result in the suspension or expulsion from the Port Ewen Fire Department.

APPLICANT SIGNATURE _____

Portions of this application form have been designed by the New York State Office of Fire Prevention and Control, New York State Fire Advisory Board, and the Port Ewen Fire District Board of Commissioners.

June 4, 1996

Revised April 2024

CONSENT FOR AGE RESTRICTED MEMBER

I (applicant name) _____ give my consent to the Port Ewen Fire Department Inc. to do a record check of my school grades. I understand that I must maintain passing grades in all my school subjects to remain in good standing with the Department. I (parent or guardian) _____ consent to Port Ewen Fire Department Inc. doing a record check on the above applicant's school grades.

APPLICANT SIGNATURE: _____

PARENT OR GAURDIAN SIGNATURE: _____

DATE: _____

I, the undersigned, give permission for (applicants name) _____ to participate as an active Firefighter, with age restrictions, of the Port Ewen Volunteer Fire Department Inc. I agree to the rules and regulations set forth by the Department by-laws, and the Board of Fire Commissioners. I attest that the applicant is in good physical health and has no criminal history.

PARENT OR GAURDIAN PRINT NAME: _____

PARENT OR GAURDIAN SIGNATURE: _____

DATE: _____

ADOPTED: 1/24/09

Revised April 2024