



CHARTERED 1937

# MAHOPAC FALLS VOLUNTEER FIRE DEPARTMENT, INC.

P.O. BOX 190  
MAHOPAC FALLS, NEW YORK 10542

MEMBER:

N.F.P.A.  
F.A.S.N.Y.  
H.V.V.F.A.  
P.C.V.F.A.

FIRE PROTECTION  
DISTRICT NO. 1  
TOWN OF CARMEL  
PUTNAM COUNTY, N.Y.

## APPLICATION FOR MEMBERSHIP

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

- \_\_\_\_\_  
( Last Name ) ( First Name ) ( M.I. )
- \_\_\_\_\_  
( Address ) ( Town ) ( State ) ( Zip Code )
- Telephone: Home (\_\_\_\_) \_\_\_\_-\_\_\_\_ Work (\_\_\_\_) \_\_\_\_-\_\_\_\_
- How long have you resided at the above address? Years:\_\_\_\_ Months:\_\_\_\_
- How long have you resided in New York State? Years:\_\_\_\_ Months:\_\_\_\_
- Are you 18 years of age or older: Yes\_\_\_\_ No\_\_\_\_ If **NO**, state your age. \_\_\_\_
- Is additional information about a change in your name or your use of an assumed name or nickname necessary to enable a check on your eligibility for membership? Yes\_\_\_\_ No\_\_\_\_ If **YES**, explain.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Are you currently employed? Yes\_\_\_\_ No\_\_\_\_ If **YES** give your employer information below. May we contact your employer as a reference? Yes\_\_\_\_ No\_\_\_\_  
Name of company \_\_\_\_\_  
Company \_\_\_\_\_  
( Address ) ( City, Town or Village ) ( Zip Code )
- Do you have a valid New York State Drivers License: Yes\_\_\_\_ No\_\_\_\_
- Please indicate your availability to participate in normally required fire department Activities ( meetings, drills and emergency calls ).

Please check the appropriate time periods.

### Week Days-

Days\_\_\_\_\_ Evenings\_\_\_\_\_ Nights\_\_\_\_\_

### Weekends-

Days\_\_\_\_\_ Evenings\_\_\_\_\_ Nights\_\_\_\_\_

11. Previous emergency service experience: (include only fire, rescue, police and emergency medical service agencies).

Name of Agency \_\_\_\_\_

Address \_\_\_\_\_  
( Address ) ( City, Town or Village ) ( Zip Code )

Contact Person \_\_\_\_\_ Telephone # (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
( If more space is needed, please identify on attached sheet )

12. Have you ever been a member of the United States Armed Forces? Yes\_\_\_\_ No\_\_\_\_

If yes did you receive a dishonorable discharge? Yes\_\_\_\_ No\_\_\_\_

Dishonorable discharge is not an absolute bar to membership. This and other factors will effect a final membership decision.

If **YES** give complete details in the space provided for additional information on the last page ( include service branch and service dates ).

13. Have you ever been convicted or pleaded guilty of a felony, misdemeanor, insurance fraud, arson or a reduction of one of these offences? Yes\_\_\_\_ No\_\_\_\_ If **YES** give details on the attached sheet.

14. Please list three personal references, other than members of this organization, who have known you for at least 3 years.

A. Name: \_\_\_\_\_ Telephone # (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

B. Name: \_\_\_\_\_ Telephone # (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

C. Name: \_\_\_\_\_ Telephone # (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

15. Please list names of any acquaintances that are members of this organization:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. OSHA regulations require that you pass a physical examination before becoming an interior structural firefighter. Our department regulations require that you have a physical prior to your interview. Will you be willing to undergo a medical examination? 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 \_\_\_\_\_, 1999  
BY THE UNDERSIGNED APPLICANT WHO AFFIRMS THAT THE STATEMENTS MADE HEREIN ARE TRUE UNDER THE  
PENALTIES OF PERJURY.

APPLICANT SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

WITNESSED BY: \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

**PRIVACY NOTIFICATION**

Section 94 of the Public officers Law ( personal Privacy Protection Law ) requires that you be notified of the following facts when Information, which will be maintained in a record system, 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 the position you are applying;
- be released to the chief and your supervisors; and
- be maintained in your personnel file ( if you become a fire company member ) or in our resume file for six months ( if you are not a fire company 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 Chief of personnel of the Mahopac Falls Volunteer Fire Department at  
Address: Brook street, Mahopac Falls, New York, Telephone # (914) 628 - 4414



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## APPLICANT'S AUTHORIZATION FOR RELEASE OF INFORMATION

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

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

I understand that this form will accompany requests for official documents and confirmations of my credentials.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Applicant's Name (Please Print) Applicant's Signature Date

Witnessed by:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Applicant's Name (Please Print) Applicant's Signature Date