

# MAHOPAC FALLS VOLUNTEER FIRE DEPARTMENT, INC.

P.O. Box 190

Mahopac Falls, New York 10542

(845) 628-4414 • Fax (845) 628-4412

www.mahopacfallsvfd.com



MEMBER

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

FIRE PROTECTION  
DISTRICT 1  
TOWN OF CARMEL  
PUTNAM COUNTY, NY

## APPLICATION FOR MEMBERSHIP

Answer all questions fully and carefully. Some questions can be answered with an 'X' in the box which applies to you. Attach additional sheets if necessary, to give complete and detailed information.

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

Name: \_\_\_\_\_  
Last First Initial

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

City State Zip

Home: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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 \_\_\_\_\_

*Minors under the age of 18 must have a parent attend the interview*

Do you have a valid NYS Driver License? Yes  No

Driver License Number and state if not NY: \_\_\_\_\_ Exp \_\_\_\_\_

Were you ever a member of another Fire Department? Yes  No

If yes, list all pertinent skills, training, and information:

We are required by State Law to conduct a background check for any arson conviction or a conviction requiring registration as a sex offender. Conviction of either will bar you from membership.

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, please explain below:

Have you been convicted of, or pleaded guilty to a felony, misdemeanor, or a reduction of one of these offenses? Yes  No  If yes, give details on an attached sheet.

Are you currently employed? Yes  No  If yes, give employer information below:

Company: \_\_\_\_\_

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

Phone/Contact: \_\_\_\_\_

May we contact your employer as a reference? Yes  No

Are you currently receiving disability benefits from an employer or Social Security?

Yes  No

Previous emergency service experience: (Include only Fire, EMS, Police Agencies)

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

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

Contact Person/Supervisor: \_\_\_\_\_

Contact Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Certifications Held:

Have you ever served in the armed forces of the U.S.? Yes  No

If yes, have you received a discharge from such forces which was other than honorable?

Yes  No

*Dishonorable discharge is not an absolute bar from membership.*

OSHA regulations require that you pass a physical exam before becoming an interior structural firefighter. Our department policy requires that you have a physical prior to being sworn in and annually.

Are you willing to undergo a medical physical exam? Yes  No

Please indicate your availability to participate in normally required Department activities (Emergency calls, drills/training, details, and meetings):

Weekdays: Daytime  Evenings  Nights

Weekends Daytime  Evenings  Nights

Please list three (3) personal references, other than members of the Department, who have known you for at least three (3) years. (High School students **must** include one (1) teacher).

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

Please list the names of any acquaintances, that are members of this organization:

**Parental Permission for a Minor:** I, the undersigned, consent for the above-named applicant to apply and participate with the Mahopac Falls Vol. Fire Dept. Inc.

Signed: \_\_\_\_\_ Relationship: \_\_\_\_\_

**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 date \_\_\_\_/\_\_\_\_/\_\_\_\_ by the undersigned applicant who affirms that the statements made herein are true under the penalties or perjury.

Applicants 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 your personal information 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;
- Released to the Chief/President and your Supervisors; and
- Maintained in your personnel file (if you become a member) or in our application file for six (6) months (if you are not a 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 Department of the Mahopac Falls Volunteer Fire Department at 17 Luccaro Lane, Mahopac, NY 10541. (845) 628 - 4414

**MAHOPAC FALLS VOLUNTEER FIRE DEPARTMENT, INC.**

**APPLICANTS AUTHORIZATION FOR RELEASE OF INFORMATION**

To confirm the information, I supplied on my application for membership with the Mahopac Falls Vol. Fire Dept., 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 Vol. Fire Dept. 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:**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**Witnessed By:**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

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**OFFICE USE ONLY**

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Place of Birth: \_\_\_\_\_

SSN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Race: \_\_\_\_\_

Date Called: \_\_\_\_/\_\_\_\_/\_\_\_\_

M/F: \_\_\_\_\_

Date of Interview: \_\_\_\_/\_\_\_\_/\_\_\_\_

HT: \_\_\_\_\_

Notes: \_\_\_\_\_

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