



NEW PALTZ FIRE DEPARTMENT, Inc.
25 PLATTEKILL AVENUE
NEW PALTZ, NEW YORK 12561

Dear Applicant,

Thank you for your interest in becoming a volunteer with the New Paltz Fire Department. As you know, the New Paltz Fire department is tasked with providing protection of life and property to the residents and visitors of the Town and Village of New Paltz, including the New York State Thruway, SUNY New Paltz., and neighboring jurisdictions that require our assistance.

Once your application is received, the membership committee will review it at their next scheduled meeting, at which time they will confirm that it is completed properly and contact you to schedule an interview. The remainder of the membership requires and application process will be explained to you during the interview. As you are aware, the New Paltz Fire Department is a 100% volunteer organization, and as such the Membership Committee may not meet immediately after the submission of your application. Please allow for 1 month for the Membership Committee to contact you to schedule an interview.

Please keep in mind that the membership application process will involve a thorough background check of the applicant, and the New Paltz Fire Department will only accept applicants into membership who have the utmost level of discipline and morale integrity.

Thank you again for your interest in volunteer service to your community through membership in the New Paltz Fire Department

Firemanically Yours,

Ethan Smith

Captain

New Paltz Fire Department

Serving the Community Since 1861



New Paltz Fire Department

25 Plattekill Ave. New Paltz, NY 12561

Application for Membership

Name (First, M.I., Last): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____ Cell Phone Number: _____

Social Security Number: _____

Sex: Male Female Date of Birth: _____

Height: _____ ft. _____ in. Weight: _____ lbs.

Place of Birth: _____ Country: _____

1. Are you legally authorized to work in the U.S.? Yes No
2. Are you at least 18 years of age? Yes No
3. Do you have any physical or health limitations that could interfere with your performance in the job which you are volunteering? Yes No

If you answered yes, please explain:

4. Do you have any commitments or responsibilities that might prevent you from meeting membership requirements? Yes No

If you answered yes, please explain:

5. Would you object to taking a physical exam? (This is required by OSHA) Yes No
6. Have you ever been convicted of any crime, offense, or traffic violation (except a parking ticket) or forfeited bail in court in the last 5 years? Yes No

If yes, please state offense and date:

Emergency Contacts

Name: _____ Relation: _____

Phone Number: _____ Address: _____

Name: _____ Relation: _____

Phone: _____ Address: _____

Medical Information

1. Primary Doctor: _____ Phone: _____

2. Primary Hospital: _____ Phone: _____

3. Medical Conditions:

4. Allergies:

5. Do you take any medication? Yes No

If yes, please list the medication and what condition it is for:

Availability and Employment

1. What hours are you available to respond to emergency calls? _____

Approximate minutes from home to Station #1 (25 Plattekill Ave) _____

Approximate minutes from home to Station #2 (117 Henry W Dubois Dr) _____

2. Can you be available for the following meetings and training sessions?
 First Monday of the month, 7:00pm – 10:00pm? Yes No
 Every other Monday other than the first of the month, 7:00pm – 10:00pm? Yes No
3. Are you willing to attend firefighter certification courses that take place on weeknights and some weekends? Yes No
4. Present Employer: _____ Supervisors Name: _____
 Address: _____ Phone: _____
 Job Title: _____ Date Employed: _____
 Working Hours: _____
 Will your employer allow for you to respond to emergencies during business hours?
Yes No
 Does your Business take you out of town often? Yes No
 If yes, how often? _____
5. Please list Military Service, if applicable:
 Branch of Service: _____
 Reserve Status: _____
 Attendance Requirement if in Reserves or Guard: _____

Education and Training

1. High School: _____ Address: _____
 Degree earned: _____
2. College: _____ Address: _____
 Major: _____ Degree Earned: _____
3. Have you received First Aid/ CPR training in the past? Yes No
 Type of First Aid/CPR training: _____
 Date last certified: _____
4. Do you have a valid driver's license? Yes No
 Driver's License Number: _____ State: _____
 Class? _____

References

6. Do you have relatives in the Fire Department? Yes No

If you answered yes, who? : _____

7. Have you previously applied for membership in this organization? Yes No

If you answered yes, when? : _____

8. References – Please list three references that are not related to you.

Name: _____ Address: _____

Phone: _____

Name: _____ Address: _____

Phone: _____

Name: _____ Address: _____

Phone: _____

9. Do you have any References who are currently members of The New Paltz Fire Department?

Yes No

If yes, who? _____

Acknowledgement of Requirements

I acknowledge and understand that application to become a Firefighter with New Paltz Fire Department requires meeting training certification and attendance to meetings, drills, and Fire Department Functions. I also acknowledge that I am at least 18 years of age, a person of good judgement, and of sufficient size and strength to be able to perform the service required of Members of the New Paltz Fire Department.

Selected applicants will be subject to a 12 month probationary period.

Selected applicants will be subject to performance reviews quarterly.

I affirm that the above statements are true to the best of my knowledge.

I understand that falsifying any answer will invalidate this application and any membership available to me.

I hereby authorize the New Paltz Fire Department to make any investigation of my background as necessary to confirm my application

Signature of Applicant: _____ Date: _____