

Membership Application

Thank you for your interest in becoming a volunteer with the New Paltz Fire Department, Incorporated.

As you know, the New Paltz Fire Department, Incorporated is charged with the protection of life and property within the Town and Village of New Paltz, including the New York State Thruway, SUNY New Paltz, and neighboring jurisdictions that require our assistance.

As the membership application process requires, please complete the attached packet in its entirety and submit it to the New Paltz Fire Department, located at 25 Plattekill Ave New Paltz, New York 12561, sealed in an envelope addressed to the Membership Committee, accompanied by a processing fee of \$10.00 in the form of a check or money order, **(DO NOT SEND CASH.)**

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 will contact you to schedule an interview. The remainder of the membership process will be explained to you at that meeting.

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.

Firematically yours,

Membership Committee
New Paltz Fire Department

Membership Application

Effective April 1, 2000, Executive Law Section 837-O requires that all prospective volunteer Fire Department members undergo a background check through the New York State Department of Criminal Justice Services Criminal History database. This background check is for convictions of Arson of any degree. As such, the following information **MUST** be provided. Additionally, applicants must bring **TWO** forms of state or federally issued identification to the membership committee interview, (including a State Driver's License, State Driver Permit, or State Identification Card, and one other form of ID.) This information will be transcribed onto form DCJS-9 and filed with the Ulster County Sheriff's Office. Applicants must sign the release at the bottom of this page to authorize the background check and begin application process. Signed Release is mandatory to apply.

Name _____ Date of Birth ____/____/____
Last First Middle MM DD YYYY

Current Residential Address _____

SSN ____ - ____ - ____ Nickname/Alias/Maiden name _____

Sex: Male Female Skin Tone: Light Medium Dark
Circle one Circle one

Racial appearance: White Black American Indian Japanese Chinese Other
Circle one

Height: ____ - ____ Weight: ____ Age: ____ - ____
Ft In Lbs Yrs Mo

Place of birth: _____
State/Province Country

Additional information: _____

Scars <1", marks, tattoos

This signature provides the New Paltz Fire Department with my authorization to conduct the mandatory Arson conviction background check as per NYS Executive Law Section 837-O, and releases the Fire Department, Inc. from any liability associated with the information obtained therein.

 (Signature)

 (Printed Name)

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The New Paltz Fire Department requires all prospective and current members to provide the Officers of the Department with up-to-date contact information. The following information must be provided for both the application process and throughout membership in this organization.

Date of Application: ____/____/____
MM DD YYYY

Home telephone number: (____) ____-_____

Cell phone number: (____) ____-_____

Work telephone: (____) ____-_____

Employer Name: _____

Employer Address: _____

Supervisor Name: _____

How long have you lived at your current residence? _____

How many hours a week do you work? _____

Driver License # _____ State _____ Exp. Date _____

Do you own a car? Yes _____ No _____

If no, do you have access to a car? Yes _____ No _____

How did you become interested in the New Paltz Fire Department?

Do you have any experience in any type of Fire, Rescue or Medical work?

Have you ever applied for membership in this organization and been denied? Yes ____ No ____

If so, when? _____

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Do you have previous membership in a Fire Department? _____

If yes, what department? (Include State) _____

Do you have any pertinent medical history or conditions that would hinder your ability to function with the duties involved as a firefighter? _____

Have you ever been deferred or turned down for a job or life insurance because of health?

Would you object to taking a physical exam? (They are required by OSHA) Yes____ No_____

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 _____

Character Reference from a New Paltz Fire Department, Inc. member:

Name _____ Telephone _____

Two additional References (not family or employers)

Name	Address	Telephone
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Please enclose a \$10.00 membership application processing fee.

Please note that the applicant must be 19 years of age or older at the date of application, a person of judgment, activity, and of sufficient size and strength to be able to perform the service required of the members of the New Paltz Fire Department, Inc.

I affirm that the above is statement is 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, Inc. to make any investigation of my background as necessary to confirm my application.

Signature _____ Date _____