



New Paltz Fire Department

25 Plattekill Ave. New Paltz, NY 12561

Application for Junior Membership

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

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____ Cell Phone Number: _____

Social Security Number: _____

Sex: Male Female DOB: ___ / ___ / ___ .

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 16 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:

7. Do you have your parent/guardian's permission to apply to be a Junior Firefighter?
 Yes No

Parent/Guardian Name: _____ Phone Number: _____

Address: _____

Parent/Guardian Name: _____ Phone Number: _____

Address: _____

Emergency Contacts

(Other than Parent/Guardian's)

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:

Education and Training

1. High School: _____ Address: _____
Phone Number: _____

2. What is your current Grade Point Average? _____
Have you failed any courses since you've entered 9th grade? Yes No
If yes, how many? _____

3. Are you involved in any other extra-curricular activities? (I.e. Sports, Drama, Math Club, etc.) Yes No
If yes, which activities? _____

4. Have you received First Aid/ CPR training in the past? Yes No
Type of First Aid/CPR training: _____
Date last certified: _____

5. Do you have a valid driver's license? Yes No
Driver's License Number: _____ State: _____
Senior or Junior Driver's License? _____

References

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

If you answered yes, who? : _____

2. Have you previously applied for membership in this organization? Yes No
If you answered yes, when? : _____

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

Name: _____ Address: _____
Phone: _____

Name: _____ Address: _____
Phone: _____

Name: _____ Address: _____
Phone: _____

4. Do you have any References who are currently members of The New Paltz Fire Department?
 Yes No

If yes, who? _____

Additional Requirements Application Essay

Due to the limitations on the number of Junior Members the department will have enrolled at any time, we require a thorough investigation of the moral character and potential of each applicant. Please write a 500 word essay outlining the following topics:

- Tell us about yourself and any experiences that would help you with being a volunteer and/or Junior Firefighter.
- What interests you the most about becoming involved with New Paltz Fire Department?
- What are you most interested in learning as a Junior Firefighter?
- Are you interested in a career in firefighting (Career or Volunteer)?

Acknowledgement of Requirements

I acknowledge and understand that application to become a Junior Firefighter with New Paltz Fire Department requires meeting participation requirements to remain a Junior Member of New Paltz Fire Department. I also acknowledge that I am at least 16 years of age, a person of good judgement, and of sufficient size and strength to be able to perform the service required of Junior Members of the New Paltz Fire Department.

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.

Signature of Applicant: _____ Date: _____

Junior Program Parental Consent Form

My Son/Daughter, _____, has my permission to be a Junior Firefighter with the New Paltz Fire Department. I give consent to allow, _____ to be a Junior Firefighter and do not hold the New Paltz Fire Department, First Responders, and/or the Village of New Paltz responsible for any actions of my son/daughter that were not ordered by an officer of the New Paltz Fire Department or outlined in the junior program rules and regulations, department standard operating procedures, and/or NPF D company by-laws.

Applicant Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

Contract of Understanding

I and my son/daughter have read ALL of the Junior Firefighter Program Rules and Regulations and have a complete understanding of these guidelines and the purpose of the Junior Firefighting Program. I and my son/daughter understand that Junior Firefighters shall serve as support staff to the New Paltz Firefighters while learning the basics of firefighting and to prepare my son/daughter to become an active member of NPF D at the age of 18 years old. I and my son/daughter understand that Junior Firefighters are to follow all instructions from members of NPF D and that the general standard of conduct is to act in a professional manner at all times. I and my son/daughter understand that he/she is expected to be courteous and respectful of other members (Junior or Active) and to all citizens as they are representing the New Paltz Fire Department. I and my son/daughter understand that there is a "Zero Tolerance" policy regarding drug and alcohol use. I and my son/daughter understand by signing this Contract of Understanding, we are declaring that any violation of the Rules and Regulations is grounds for immediate dismissal. I and my son/daughter understand that any acts that violate

the Rules and Regulations that are also illegal by state law will be referred to the proper authorities.

Applicant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Academic Standing Policy

I and my son/daughter understand that he/she must maintain passing grades in all courses at their current educational institution at all times while enrolled in the Junior Firefighting Program. I and my son/daughter also understand that a report card must be submitted to the Junior Program Coordinator when his/her educational institution issues their student report cards. I and my son/daughter understand that failure to maintain passing grades at school will result in suspension from the Junior Firefighting Program until he/she receives their next report card with passing grades or a letter from their teacher of the course that they were failing stating that he/she is now in good academic standing. I understand that I have the right to have my child removed from the program for failing grades or the grade point that I find unacceptable for my son/daughter. I also understand that if I wish for my son/daughter to be removed for this reason that I must advise the Junior Program Coordinator in writing as soon as possible.

The minimum grade point in any course that I feel is acceptable for my son/daughter to remain enrolled in the Junior Firefighting Program shall be: _____

I and my son/daughter understand that disciplinary issues including, but not limited to, skipping school for any purposes pertaining to the New Paltz Fire Department will result in suspension from the Junior Firefighting Program.

Applicant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Acknowledge Receipt of Guidelines

I acknowledge that I and my son/daughter have received a copy of the New Paltz Fire Department Junior Firefighter Program Rules and Regulations and have reviewed them prior to signing these documents.

Parent/Guardian: _____ Date: _____

I acknowledge that the above received a copy of the New Paltz Fire Department Junior Firefighter Program Rules and Regulations.

Program Coordinator: _____ Date: _____

Fire Chief: _____ Date: _____