



Putnam Valley Volunteer Fire Department

Membership Application

Complete the application online and forward the completed application to membership@putnamvalleyfire.com.

Once your application is received, you will be contacted by the Chairperson of the Membership Committee or his/her designee. The Chairperson/committee designee will schedule a date and time for your interview with the Membership Committee. At the interview the Membership Committee and the applicant will review the application submitted. If the Membership Committee accepts the application, the Chairperson/committee designee will file for a background check with the Putnam County Sherriff's Office. Once a clear background investigation is received, the Membership Committee will recommend the applicant to the membership of the department at the next scheduled monthly membership meeting which is held the second Tuesday of the month. If your application is approved by the department membership you will be placed on the Town of Putnam Valley insurance and be accepted as a probationary member of the department.

If you have any questions regarding the application or its process, contact the Membership Committee at: membership@putnamvalleyfire.com.

PUTNAM VALLEY VOLUNTEER FIRE DEPARTMENT MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name:			
Date of birth:	Age:	SSN:	Phone:
Current address:			
City:		State:	ZIP Code:
Own	Rent	How long? Years: _____ Months: _____	Email:

EMPLOYMENT INFORMATION

Current employer:			
Employer address:			How long? Years: _____ Months: _____
Phone:	E-mail:		
City:	State:	ZIP Code:	
Position:	Do you work within the area of the Putnam Valley Fire District? YES NO		
Can you leave work to answer a call for response? YES NO			

EDUCATION

High school:			Did you graduate? YES NO
College:	From:	To:	Did you graduate? YES NO
Course of study:		Degree:	
Other:	From:	To:	Did you graduate? YES NO

EMERGENCY SERVICES EXPERIENCE

Name of Agency:		Phone:
Address:	State:	ZIP Code:
City:	Contact Number:	
Direct Supervisor:		

DRIVERS LICENSE

Do you currently hold a valid driver's license? YES NO		
Licensing State:	License Number:	License Class:

CERTIFICATIONS

List current certifications below. Attach copies of certifications to the back of the application.					
First Aid: YES NO	Expiration Date:	Firematic: YES NO			
CPR: YES NO	Expiration Date:	Public Relations: YES NO			
EMT: YES NO	Expiration Date:	Computer Skills: YES NO			
EM.MT- D: YES NO	Expiration Date:	List Skills:			

SKILLS

List any experience maintaining or driving large equipment:				
Military: YES NO	Branch:	Date of Service:	Type of Discharge:	
Technical skills:				

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EMERGENCY CONTACT

Name:	Contact Number:
Address, State, Zip Code:	

REFERENCES

(No immediate family references)

Name	Address, City, State	Phone	How long have you known the reference?
1.			
2.			

BACKGROUND INVESTIGATION

Have you ever been convicted or pled guilty to a felony, misdemeanor, insurance fraud, arson, or a reduction of one of these offenses? YES NO

IF "YES" IS CHECKED PLEASE PROVIDE A FULL EXPLANATION ON PAGE 3 OF APPLICATION.

BACKGROUND SCREENING INFORMATION

Sex:	Height:	Weight:	Hair Color:	Eye Color:
Race:	Place of Birth:		Maiden name (if applicable):	

PHYSICIANS REPORT OF FITNESS FOR FIREFIGHTING DUTY

Recognizing that fire fighting is a physically demanding activity, a medical examination is required for all active fire fighters, annually. This physical will be done, at no expense to the member, by the Department's medical services provider. Upon acceptance as a member, new members must schedule this physical examination as soon as practicable. If the new member should fail the physical, he/she will be dropped from membership and have the application fee returned.

Will you be willing to undergo a medical examination for this purpose? YES NO

Physician: **TEK Medical Services**
 Physician's Address: **1075 Route 82, Suite 10, Hopewell Junction, NY**
 Phone: **(845) 226-3045**

APPLICANT STATEMENT

Submitted herewith please find my application fee of **\$10.00**. I understand that if my application is not accepted, my application fee will be returned. I further understand that in the event that I do not meet the requirements of the Putnam Valley Volunteer Fire Department, during my probationary period (one year) I may be dismissed at any time. I also understand that a false statement on this application will result in the immediate termination of my probation and expulsion from the department.

I state that the above information provided is truthful to the best of my knowledge and understand that any false statements will result in denial of this application.

Applicant's Signature:	Date:
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APPLICANT'S AUTHORIZATION OF RELEASE OF INFORMATION

(To be filed out at interview with membership committee)

In order to confirm the information I supplied on my application for membership in the **PUTNAM VALLEY VOLUNTEER FIRE DEPARTMENT**, I authorize all agencies, educational institutions, law enforcement agencies, present and former employers to disclose their relevant records about me to the **PUTNAM VALLEY VOLUNTEER FIRE DEPARTMENT** whether the information be of public, private or confidential nature; and I release the aforementioned from any liability and responsibility from doing so.

Applicant's Name (please print):

Date:

Applicant's Signature:

Witnessed By:

Title:

Date:

Signature:

STATEMENT OF PARENTAL OR LEGAL GUARDIAN*(TO BE COMPLETED IF APPLICANT IS UNDER 18 YEARS OF AGE)*

I am the parent/legal guardian of _____ who is applying for membership in the Putnam Valley Volunteer Fire Department. I am aware that a criminal/arson background investigation will be required, as well as a statement from a doctor as to my child's physical condition. I have read the application for membership and give my permission for my son/daughter to become a member of the Putnam Valley Volunteer Fire Department.

For a student to remain an active responding member they must maintain a passing grade and are expected to, when requested, produce a school report card/progress report. This can be requested by the Fire Chief or the applicant's direct supervisor in accordance to the department by-laws and membership requirements.

Parent/Legal Guardian Signature:

Date:

ADDITIONAL INFORMATION SECTION

Applicant: In the section below provide any additional information or qualifications not reflected in the application.

TO BE COMPLETED BY THE PUTNAM VALLEY VOLUNTEER FIRE DEPARTMENT MEMBERSHIP COMMITTEE		
Applicant Name:		
Date:	Applicant membership decision:	
Chief:	YES	NO
1 st Assistant Chief:	YES	NO
2 nd Assistant Chief:	YES	NO
Committee Member:	YES	NO
Committee member:	YES	NO

Comments:

Approved for:

_____ Active Member

_____ Junior Member (Active Under 18) (16 or 17 years of age)

_____ Associate Member (minimum age 40)

_____ NOT APPROVED AT THIS TIME

Reason:_____

Date accepted by the Putnam Valley Volunteer Fire Department: _____