

Putnam Valley Volunteer Fire Department

P.O. Box 21
Putnam Valley, New York 10579



Application for Membership

Thank you for your interest in joining the Putnam Valley Volunteer Fire Department. All legal residents are welcome in our organization and we place no limits on religion, race, sex, national origin or creed. A willingness to commit time, is the only requirement for our membership. OSHA (Occupational Safety and Health Administration) mandates that we place limits on those who can participate as an active interior attack firefighter, but other jobs are available. Most Fire Department functions are Tuesday nights from 7:30pm to 9:30pm.

In accordance with our By-Laws, a \$10.00 dollar fee must be submitted with your application. This sum will include your initiation fee and dues from the date of your admission to December 31st of that year. In the event your application is rejected, the fee will be refunded. Again, thank you for your interest.

DATE:

NAME:

Desired Classification:

- Active Member (age over 18 years)
- Junior Active (age over 16 years)
- Associate (age over 40)

Name: _____

Street: _____

Town: _____ State: _____ Zip: _____

Phone #: Day _____ ext.: _____

Night _____

Work _____

Pager _____

Cellular _____

E-mail _____

Social Security Number: _____ - _____ - _____

Date of Birth: _____

Driver's License #: _____

State _____ expiration date: _____

In case of Emergency, please notify:

NAME

ADDRESS

PHONE

DAY

NIGHT

1) _____

2) _____

Why do you want to join the Putnam Valley Volunteer Fire Department?

Please

explain: _____

Please explain briefly, how your admission to the Putnam Valley Volunteer Fire Department will benefit the Department. (What you bring to the table)

OPTIONAL QUESTIONS:

Please note: Answering yes to a criminal conviction will not automatically bar you from membership.
 IF YOU HAVE ANY CRIMINAL OR VEHICLE AND TRAFFIC LAW CONVICTIONS, PLEASE EXPLAIN:

V & T Law Conviction YES ___ NO ___
 Criminal Conviction YES ___ NO ___ Misdemeanor ___ Felony ___
 year of conviction(s) _____

IF YOU HAVE EVER BELONGED TO OR APPLIED TO ANOTHER FIRE DEPARTMENT OR OTHER EMERGENCY SERVICE,
 PLEASE GIVE US THE NAME OF THAT DEPARTMENT AND LIST A MEMBER THAT WE MAY CONTACT:

DEPT: _____ MEMBER: _____ PHONE#: _____
 DO YOU HAVE ANY RELATIVES OR AQUAINTANCES THAT ARE MEMBERS OF THE PVVFD? YES ___ NO ___
 IF YES, PLEASE STATE NAMES: _____

PLEASE LIST YOUR LEVEL OF TRAINING IN THE FOLLOWING:

	CERTIFICATION LEVEL	EXP. DATE
FIRST AID	_____	_____
CPR	_____	_____
E.M.T.	_____	_____
EM.MT.-D	_____	_____
FIREMATIC	_____	_____
COMPUTERS	_____	_____
PUBLIC RELATIONS	_____	_____
ANYTHING ELSE	_____	_____
MILITARY	_____	
Branch of Service	_____	Date of Service (Month & Year)
Job Function	_____	From _____ To _____
Type of Discharge	_____	

PLEASE GIVE US ONE PERSONAL REFERENCE WE MAY CONTACT, PREFERABLY A MEMBER OF AN
 EMERGENCY SERVICE ORGANIZATION:

NAME: _____ PHONE #: _____

IF YOU HAVE EXPERIENCE MAINTAINING OR DRIVING LARGE EQUIPMENT, PLEASE EXPLAIN:

DO YOU HAVE ANY OTHER TECHNICAL SKILLS THAT MAY BE OF USE TO OUR DEPARTMENT?

HIGHEST LEVEL OF EDUCATION: _____ DEGREE: _____
 CURRENT FIELD: _____

CURRENT EMPLOYER: _____ HOW LONG: _____
 EMPLOYER ADDRESS: _____ PHONE: _____

DO YOU HAVE ANY ALLERGIES, DRUG REACTIONS, OR PRE-EXISTING CONDITIONS OR DISABILITIES THAT
 MAY LIMIT YOUR LEVEL OF ACTIVITY, OR THAT WE SHOULD BE AWARE OF IN THE EVENT OF INJURY IN
 THE LINE OF DUTY? IF SO, PLEASE EXPLAIN: _____

DATE

YOUR SIGNATURE

ACTIVE STATUS REQUIREMENTS

- Must complete State mandated Firefighter I course or Scene Support within 18 months of membership.
- After completing Firefighter I course, you will be required to attend an annual all day training to become/remain eligible for interior firefighter status.
- Attend mandatory OSHA drills (8 hours) each year.
- Attendance to the number of drills, extrication practices, and training classes as specified in the SOP's.
- Attend work details (Tuesday evenings), monthly meetings (2nd Tuesday evenings), parades and other functions.
- Response to as many alarms as possible (minimum of 10% or about 40 calls per year).
- Must have an approved physical examination by the Fire Department physician for admission, then as required by the department.
- Prior to admission submit to a drug screening.

Upon reading these requirements, do you understand them, and are you able and willing to complete them?

Signature

Date

**REQUIREMENTS ASSOCIATE STATUS
STANDARD OPERATING PROCEDURES – ASSOCIATE MEMBER ADMITTED AFTER 07/01/2013
ANNUAL MINIMUM REQUIREMENTS**

- New Associate Members admitted to the Department after 07/01/2013 must pledge themselves to support the Department and participate in department functions.
- New members applying as associate are required to pay a \$45.00 initiation fee plus \$5.00 dues totaling \$50.00 when admitted to the Department.
- Annual membership dues are \$5.00 each subsequent year.
- Present members transferring to associate status are not subject to the \$45.00 initiation fee.
- New Associate members are required to participate in department functions as follows:

➤ **Attendance of Department monthly meetings**
6 meetings per year minimum

➤ **Serving on a committee**
Minimum 1 committee

Or

➤ **Elected or Appointed Office**
President
Vice President
Treasurer
Financial Secretary
Recording Secretary

Miscellaneous Activities 10 activities minimum annually

Work Details
Special Activities
Kitchen Duty
Parades
Parade Prep

New Associate Members not meeting the minimum annual point requirement will be dropped from membership unless extenuating circumstances exist.

Upon reading these requirements, do you understand them and are you able and willing to complete them.

Signature

Date

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

(PERSONAL INFORMATION ACCESS BY THIS RELEASE WILL BE USED TO COMPLETE A THOROUGH BACKGROUND INVESTIGATION TO DETERMINE THE SUITABILITY OF THE CANDIDATE FOR MEMBERSHIP FOR THE PUTNAM VALLEY VOLUNTEER FIRE DEPARTMENT.)

I, _____, DO HEREBY AUTHORIZE A REVIEW OF A FULL DISCLOSURE OF ALL RECORDS CONCERNING MYSELF TO THE MEMBERSHIP COMMITTEE OF THE PUTNAM VALLEY VOLUNTEER FIRE DEPARTMENT WITHIN ONE YEAR OF THE DATE OF THIS AUTHORIZATION, PERTAINING TO MY MEMBERSHIP, EDUCATIONAL RECORDS, INCLUDING BUT NOT LIMITED TO, MEDICAL AND PSYCHIATRIC TREATMENT AND/OR CONSULTATION, INCLUDING HOSPITALS, CLINICS, PRIVATE PRACTITIONERS, AND THE U.S. VETERAN'S ADMINISTRATION; EMPLOYMENT AND PRE-EMPLOYMENT RECORDS INCLUDING BACKGROUND REPORTS, EFFICIENCY RATINGS, COMPLAINTS OR GRIEVANCES FILED BY OR AGAINST ME, AND THE RECORDS OR RECOLLECTIONS OF ATTORNEYS-AT-LAW OR OF OTHER COUNSEL, WHETHER REPRESENTING ME OR ANOTHER PERSON IN ANY CASE, EITHER CIVIL OR CRIMINAL, IN WHICH I PRESENTLY HAVE, OR HAVE HAD, AN INTEREST.

I CERTIFY THAT ANY PERSON(S) WHO MAY FURNISH SUCH INFORMATION CONCERNING ME SHALL NOT BE HELD ACCOUNTABLE FOR GIVING THIS INFORMATION AND I DO HEREBY RELEASE SAID PERSON(S) FROM ANY AND ALL LIABILITY WHICH MAY BE INCURRED AS A RESULT OF FURNISHING SUCH INFORMATION.

A PHOTOCOPY OF THIS RELEASE FORM WILL BE VALID AS AN ORIGINAL EVEN THOUGH SAID PHOTOCOPY DOES NOT CONTAIN AN ORIGINAL WRITING OF MY SIGNATURE.

Signature (including maiden name)

Full Name (typed or printed)

Current Address: Street and Number

Town State Zip

Telephone (including area code)

Date of Birth

Social Security Number

Today's Date

Signature of Witness

Date Witnessed

PARENTAL RELEASE

I, _____, grant permission to _____ become a junior active member of the Putnam Valley Fire Department. _____ is _____ years of age. I release the Putnam Valley Volunteer Fire Department from all responsibility for injury, damage or loss suffered as a result of member activities.

Note to Parent or Guardian: When a junior active member joins the Putnam Valley Volunteer Fire Department, they are eligible to respond to actual emergency calls with the department. However, they are not allowed to participate in actual firefighting at car or structure fires. They are not to respond to calls, or remain at calls after 11:00 PM whenever the following day is a regular day of school. They are also prohibited from responding to calls or attending Fire Department activities on regular school days between the hours of 7:00AM and 2:00PM. They will have to successfully complete the Firefighter I course during the first 18 months of their membership. They will be issued pagers or alerts and when they respond to the emergency calls they will report to the officer in charge at the emergency situation.

Signature of Parent or Guardian

Date

MEMBERSHIP COMMITTEE REVIEW

Do not Write On This Page
FOR DEPARTMENT USE ONLY

DATE RECEIVED: _____

FINAL REVIEW DATE: _____

<u>REVIEW</u>	<u>DATE</u>	<u>COMMENTS</u>
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DEPARTMENT CHIEF	_____	_____
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1 ST ASST. CHIEF	_____	_____
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2 ND ASST. CHIEF	_____	_____
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COMMITTEE MEMBER	_____	_____
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COMMITTEE MEMBER	_____	_____
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DATE APPLICATION FEE
RECEIVED BY FINANCIAL SECRETARY: _____

APPROVED FOR:

_____ Active Member (age over 18 years)

_____ Junior Active (age over 16 years)

_____ Associate (age over 40 years)

_____ NOT APPROVED AT THIS TIME

Reason: _____

ANY OTHER
COMMENTS: _____

