



**A \$20.00 FEE TO BE SUBMITTED
WITH APPLICATION**

APPLICATION FOR MEMBERSHIP

Date: _____

1. _____
(Last Name) (First Name) (M.I.)

2. _____
(Address) (Apt./Suite #)

(City, Town, Village) (State) (Zip Code)

3. Telephone: _____
(Home) (Work)

(Cell) (Email)

4. How long have you resided at the above address? Years: _____ Months: _____

5. Are you 18 Years of age or older? Yes _____ No _____ if NO, state your age, _____

6. Do you have a valid New York State Drivers License? Yes _____ No _____

7. Please indicate your availability to participate in normally required fire department activities (meetings, drills, and emergency calls).

Please check appropriate time periods.

Week Days:

Days _____ Evenings _____ Nights _____

Weekends:

Days _____ Evenings _____ Nights _____

8. OSHA regulations require that you pass a physical examination before becoming an interior structural firefighter. The department's designated Physician will provide you with a free medical examination. Will you be willing to undergo a medical examination? Yes _____ No _____

9. Previous emergency services experience: (include only fire, police, and emergency medical service agencies).

Name of Agency _____

Address _____

Contact Person _____ Telephone _____

(If more space is needed, please identify on attached sheet)

10. Have you ever been a member of the United States Armed Forces? Yes _____ No _____

If the answer is "Yes", did you receive a dishonorable discharge? Yes _____ No _____

Dishonorable discharge is not an absolute bar to membership. This and other factors will affect a final membership decision.

If the above answer is "Yes", give complete details in the space provided for additional information on the last page (include service branch and service dates).

11. Have you ever been convicted of a felony or misdemeanor? Yes _____ No _____ If "Yes" give details on the attached sheet.

12. Please list three personal references, other than members of this organization, who have known you for at least 3 years.

A. Name: _____ Tel. # _____

Address: _____

B. Name: _____ Tel. # _____

Address: _____

C. Name: _____ Tel. # _____

Address: _____

13. Please list the names of any acquaintances that are members of this organization:

ADDITIONAL INFORMATION

- ---

- ---

- ---

WITHIN THE FREEDOM OF INFORMATION LAW, ALL INFORMATION CONTAINED/OR OBTAINED HEREIN WILL REMAIN CONFIDENTIAL AND WILL BE USED ONLY FOR INTERNAL MEMBERSHIP PROCESSING

IN WITNESS WHEREOF, THIS APPLICATION HAS BEEN SUBSCRIBED THIS _____ DAY
OF _____, _____ BY THE UNDERSIGNED APPLICANT WHO AFFIRMS THAT THE STATEMENTS
MADE HEREIN ARE TRUE UNDER THE PENALTIES OF PERJURY.

APPLICANT SIGNATURE _____

DATE _____

PARENT/GUARDIAN SIGNATURE (If 16 or 17 years old) _____

DATE _____

WITNESSED BY _____

DATE _____

PRIVACY NOTIFICATION

Section 94 of the Public Officers Law (Personal Privacy Protection Law) requires that you be notified of the following facts when information which will be maintained in a record system is collected from you.

The authority to request and confirm personal information about you is found in article 6 of the Executive Law.

The information will:

be used to determine your qualifications for the position for which you are applying;

be released to the fire chief and your potential supervisors; and

be maintained in your personnel file (if you become a fire company member) or in our resume file for six months (if you are not a fire company member).

Failure to provide the information or authorization will result in your application not being considered for membership.

ALL APPLICANTS AGES 16 AND 17 MUST COMPLETE THE BELOW SECTION

Parental Consent

The undersigned acknowledge that they are aware that firefighting and related activities such as drills and training are inherently dangerous activities. Participants in these activities are exposed to risk of injury and.

Applicant: _____

Parent/Guardian: _____

Contract of Understanding

I and my son/daughter have read ALL of the Junior Firefighter Guidelines and understand the guidelines set up to outline the purpose of the Junior Firefighters. I and my son/daughter understand that Junior Firefighters serve as supporters of the Town of Mamaroneck Firefighters to learn the basics of Firefighting and to prepare to become a full member at the age of 18. I and my son/daughter understand that Junior Firefighters are to follow all instructions from members of the TMSD and that the general standard of conduct is to act in the manner of a professional. I and my son/daughter understand that he/she is expected to be courteous and respectful of other members (Junior and Regular) and to all citizens as they are representing the Town of Mamaroneck Fire Department. I and my son/daughter understand there is a "zero tolerance" policy regarding drug and alcohol use. I and my son/daughter understand that by signing this Contract of Understanding we are declaring that any violation of the guidelines is grounds for immediate dismissal. I and my son/daughter understand that any acts that violate the guidelines and that are illegal by state law will be referred to the Town of Mamaroneck Fire Department.

Junior Firefighter Applicant Signature and Date

Parent/Guardian Signature and Date

Acknowledge Receipt of Operating Procedure

I acknowledge that I and my son/daughter have received a copy of the Town of Mamaroneck Fire Department Junior Firefighter Standard Operating Procedure and have reviewed them prior to signing these documents.

Junior Firefighter Applicant Signature and Date

Parent/Guardian Signature and Date

I acknowledge that the above received a copy of the Town of Mamaroneck Fire Department Junior Firefighter Standard Operating Procedure.

Fire Chief Signature and Date

APPLICANT'S AUTHORIZATION FOR RELEASE OF INFORMATION

In order to confirm the information I supplied on my application for membership with the TOWN OF MAMARONECK FIRE DEPARTMENT. I authorize all licensing agencies, education institutions, law enforcement agencies, present and former employers, and the military services to disclose their relevant records about me to the TOWN OF MAMARONECK FIRE DEPARTMENT whether the information be of public, private or confidential nature; and I release them from any liability and responsibility from doing so.

Last Name: _____ First Name: _____ MI: _____

Street Address : _____

City: _____ State: _____ Zip: _____

Nickname: _____ Alias: _____ Sex: M F

Height: ____ ft ____ in. DOB: _____ AGE: _____

Place of Birth: _____ SS Number: _____

This authorization in original copy form shall be valid for this and any future information, reports or updates that may be requested.

I understand that this form will accompany requests for official documents and confirmations of my credentials.

Applicants Name: _____ Signature: _____
Date

Witnessed by:

Name and Title: _____ Signature: _____
Date