

CONTINENTAL VILLAGE VOLUNTEER FIRE DEPARTMENT

APPLICATION FOR MEMBERSHIP

Last First Middle

Street Address

City State Zip

IMMEDIATE NOTICE SHOULD BE GIVEN OF ANY CHANGE OF ADDRESS

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____

How Long Have You Resided At The Above Address? Years: _____ Months: _____

How Long Have You Resided In New York State? Years: _____ Months: _____

Are You 18 Years Of Age Or Older? Yes _____ No _____ If **NO**, State Your Age: _____
(If You Are Under The Age Of 18 You Must Complete The Parental Consent Form And Include It With You Application.)

Are You Currently Employed? Yes _____ No _____
If **YES** List Employer Information Below. May We Contact Your Employer For A Reference? Yes _____ No _____

Company Name: _____ Supervisor Name: _____

Company Address: _____

Business Number: _____ Length Of Employment: From: _____ To: _____

Do You Have A New York State Drivers License? Yes _____ No _____ NYS Drivers License or Permit Number _____

Have You Ever Belonged To Another Emergency Services Organization? Yes _____ No _____
If **Yes** Please List Dates, Any Rank Held & Courses Completed On The Additional Information Page, And Include Copies Of Certificates If Available.

If **Yes** Did You Leave As A Member In Good Standing? Yes _____ No _____

Agency Name: _____

Address: _____

Contact Person: _____ Phone: _____

Have You Ever Been A Member Of The United States Armed Forces? Yes _____ No _____

If You Answered **Yes**, Did You Receive An Honorable Discharge? Yes _____ No _____
(If **No** please explain on the Additional Information Page)

If Yes Branch Of Service: _____ Entry Date: _____ Discharge Date: _____

Declaration: I declare, subject to the penalties of perjury, that the above statements made in this application have been examined by me and to the best of my knowledge and belief are true and correct.

Print Name: _____ Signature: _____ Date: _____

Parent/Guardian Print Name: _____ Signature: _____ Date: _____

Type Of School	Name Of School And Location	# Of Years Completed	Did You Graduate
High School			
College / Trade School			
Other			

Have You ever been convicted or Pled Guilty to a felony, misdemeanor, or a reduction of one of these offenses? Yes _____ No _____
 If Yes Please give details on the additional Information Page.

Have You Ever Been Convicted OF Or Pled Guilty To The Crime Of Arson? Yes _____ No _____
 If Yes Please give details on the additional Information Page.

Please List (3) Personal References Other Than Family Or Members Of This Department.

Name: _____ Relation: _____ Phone: _____

Address: _____

Name: _____ Relation: _____ Phone: _____

Address: _____

Name: _____ Relation: _____ Phone: _____

Address: _____

Incase Of An Emergency Contact

Name: _____ Relation: _____

Home Phone: _____ Work: _____ Cell: _____

Please List The Names Of Any Acquaintances, That are Members Of This Organization Below:

Declaration: I declare, subject to the penalties of perjury, that the above statements made in this application have been examined by me and to the best of my knowledge and belief are true and correct.

Print Name: _____ Signature: _____ Date: _____

Parent/Guardian Print Name: _____ Signature: _____ Date: _____

Continental Village Volunteer Fire Department

12 Spy Pond Road Garrison, NY 10524

Phone:(845)739-1020 Fax(845)788-1650

Applicant's Authorization For Release Of Information

In order to confirm the information I supplied on my application for membership with the Continental Village Volunteer Fire Department I authorize all licensing agencies, educational institutions, law enforcement agencies, present and former employers, and the military services to disclose their relevant records about me to the Continental Village Volunteer Fire Department whether the information be of public, private or confidential nature, and I release them from any liability and responsibility from doing so.

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.

Applicant Name (Please Print): _____

Applicant Signature: _____

Date: _____

Parent/Guardian Print Name: _____

Applicant Signature: _____

Date: _____

Department Firematic Officer Witnessing Signature:

Name And Title (Please Print): _____

Signature: _____

Date: _____



Kevin J. McConville
SHERIFF

PUTNAM COUNTY
OFFICE OF THE SHERIFF
AND
CORRECTIONAL FACILITY
THREE COUNTY CENTER
CARMEL, NEW YORK 10512
845-225-4300



Thomas H. Lindert
UNDERSHERIFF

Authorization/Request for Criminal Record/NYS Drivers Record from Non-Police Agency

All the following information must be completed

PLEASE PRINT CLEARLY

Date: _____

Name: _____ DOB: _____

Maiden Name/Other names used: _____

Address: _____
Street # / PO Box City State Zip

Height: _____ Eye Color: _____ MALE OR FEMALE

NEW YORK STATE DRIVER'S LICENSE ID # _____

AUTHORIZATION FOR RELEASE OF CRIMINAL RECORD

I hereby authorize and request the Sheriff of Putnam County to furnish and release any records of the Putnam County Sheriff's Department and Correctional Facility to the agency listed below:

Signature of applicant

Date

Reason Record Check Required: ARSON

Agency Requesting Record: CONTINENTAL VILLAGE FIRE DEPARTMENT

Address: 12 SPY POND ROAD GARRISON, NY 10524

Signature of Person Requesting Record: _____

PLEASE ATTACH DRIVER'S LICENSE TO APPLICATION.



NEW YORK STATE DIVISION OF CRIMINAL JUSTICE SERVICES
Office of Criminal Justice Operations
Volunteer Firefighter Inquiry Form

INSTRUCTIONS: This form is to be used only by a Sheriff's Office (or OFPC, where applicable) when performing searches authorized under NY Executive Law §837-o in connection with individuals seeking membership in a Volunteer Fire Department.

A. DATE _____

This form must be U.S. mailed, faxed or hand delivered between agencies. E-mail transmission is not permissible.

Shaded boxes are required data elements.

B. REQUESTING VOLUNTEER FIRE DEPARTMENT

DEPARTMENT NAME: **CONTINENTAL VILLAGE VOLUNTEER FIRE DEPARTMENT**

FIRE CHIEF NAME _____

SIGNATURE _____

ADDRESS: **12 SPY POND ROAD**
GARRISON, NY 10524

TELEPHONE NUMBER: **(845) 739-1020**

FAX NUMBER _____

1. NAME (LAST, FIRST, MIDDLE) _____

2. ADDRESS (Street, City, Zip Code) _____

3. ALIAS AND/OR MAIDEN NAME _____

4. SEX

M F

5. RACIAL APPEARANCE

White Black Indian Asian Unknown Other

6. ETHNICITY

Hispanic Not Hispanic Unknown

7. HEIGHT
Ft. _____ In. _____

8. DATE OF BIRTH
Month _____ Day _____ Year _____

9. PLACE OF BIRTH _____

10. SOCIAL SECURITY NO. _____

INVESTIGATING OFFICER: _____ DATE _____
 (PRINT NAME/TITLE)

INVESTIGATING OFFICER SIGNATURE _____

RESULTS OF INQUIRY

- NO RECORD OF AN ARSON CONVICTION OR A CONVICTION REQUIRING REGISTRATION AS A SEX OFFENDER
- CONVICTED OF ARSON; NO RECORD OF A CONVICTION REQUIRING REGISTRATION AS A SEX OFFENDER
- CONVICTED OF A CRIME REQUIRING REGISTRATION AS A SEX OFFENDER; NO RECORD OF AN ARSON CONVICTION
- CONVICTED OF ARSON AND CONVICTED OF A CRIME REQUIRING REGISTRATION AS A SEX OFFENDER

Continental Village Volunteer Fire Department

Parent / Guardian Consent For Members Under The Age Of 18

Your Son / Daughter _____ (Please Print Name) has applied for membership in the Continental Village Volunteer Fire Department.

As a member they are able to participate in Department Drills that will take place at various locations in and around the Continental Village Fire District and surrounding fire districts. These drills normally take place on Tuesday nights starting at around 7:30 but are subject to change as necessary. In addition they will be encouraged to take part in State fire training that will take place at either Putnam or Westchester County Fire Training centers. These classes also take place on week nights and weekends depending on how they are scheduled by the county hosting the class.

As a firefighter under the age of 18 your son/daughter will not be permitted to engage in interior structural firefighting duties, but will be required to preform exterior support duties. Members under the age of 18 are required to maintain passing school grades, and if this changes after being voted into membership of the CVFD, their membership will be suspended at your request until such time you authorize them to return to service.

As a member of the CVFD, your son/daughter will be part of an organization which is dedicated to preservation of life and property in our community, the Continental Village Fire Protection District. They will also be given the opportunity to build a foundation for future careers as firefighters, police officers, and emergency medical service personnel.

I, _____ DO / DO NOT Authorize My Son/Daughter _____
(Parent / Guardian's Name - Please Print) (circle one) (Applicant's Name - Please Print)

to apply for membership in the Continental Village Volunteer Fire Department.

(Signature Of Parent / Guardian) (Date)

(Signature Of Firematic Officer Witnessing Signature) (Date)

New Applicant Check List

Please initial and date when each step is completed

All 7 Application Pages Present: _____

Application Completed & Filled Out Correctly: _____

All Forms Signed: _____

If under 18 firematic officer met with parent / guardian and witnessed signatures of consent form: _____

Received \$15 dues: _____

Arson Background Check Completed: _____

Members References Contacted: _____

Applicant met with membership Committee: _____

Brought to floor for vote: approved _____ rejected: _____