



# Milan Volunteer Fire Dept. Inc.



900 Rt 199

Red Hook, NY 12571

## Membership Application

Date: \_\_\_\_\_

Please check the box that you are applying for:

- Active Member Interior
- Active Member Exterior
- Emergency Medical Services
- Fire Police
- Support Squad
- limited duty Member (16-17 yrs. old)

1. \_\_\_\_\_  
(Last Name) (First Name) (Mi)

2. \_\_\_\_\_  
(Address) (Apt. No.)

\_\_\_\_\_  
(Town) (State) (Zip Code)

3. Telephone: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
(Home) (Cell)

4. E-mail: \_\_\_\_\_

5. Facebook: \_\_\_\_\_

6. How long have you resided at the above address? Years: \_\_\_\_\_ Months: \_\_\_\_\_

7. How long have you resided in New York State? Years: \_\_\_\_\_ Months: \_\_\_\_\_

8. How long have you resided in Milan Volunteer Fire Dept. coverage area? Years: \_\_\_\_\_  
Months: \_\_\_\_\_

9. Are you at least 16 years of age or older? Yes \_\_\_ No \_\_\_

10. Is additional information about a change in your name or your use of an assumed name or nickname necessary to enable a check on your eligibility for membership?

Yes \_\_\_ No \_\_\_

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Are you currently employed? Yes \_\_\_ No \_\_\_ If yes, give employer information below.

May we contact your employer as a reference? Yes \_\_\_ No \_\_\_

Name of company: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_



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12. Do you have a valid New York State Drivers License? Yes \_\_\_\_ No \_\_\_\_  
License number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_
13. Do you have previous Emergency Services experience? Yes \_\_\_\_ No \_\_\_\_ If yes explain:  
Name of agency: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact person: \_\_\_\_\_  
Telephone (\_\_\_\_) \_\_\_\_ \_\_\_\_\_
14. Have you ever been a member of the United States Armed forces? Yes \_\_\_\_ No \_\_\_\_  
If yes was it: \_\_\_\_ honorable discharge or \_\_\_\_ dishonorable discharge  
Dishonorable discharge is not an absolute bar from membership. If yes please explain:  
\_\_\_\_\_  
\_\_\_\_\_
15. Have you ever been convicted or pleaded guilty of a felony, misdemeanor, insurance fraud, arson or a reduction of one of those offenses? If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_
16. Please list three personal references, other than members of this department, who have known you for at least three years:
- a) Name \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_ \_\_\_\_\_  
Address \_\_\_\_\_
- b) Name \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_ \_\_\_\_\_  
Address \_\_\_\_\_
- c) Name \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_ \_\_\_\_\_  
Address \_\_\_\_\_
17. Please list names of acquaintances that are members of this department:  
\_\_\_\_\_  
\_\_\_\_\_
18. N.F.P.A. regulations require all applicants to pass a physical examination before becoming a member. The departments designated physician will provide you with a free examination. Are you will to undergo a medical examination? Yes \_\_\_\_ No \_\_\_\_
19. Any additional information:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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

## 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 obtained will:

- Be used to determine your qualifications for the position for which you are applying;
- Be released to the Fire Chief and any potential supervisor; and
- Be maintained in your personal file (if you become a department member) or in our resume file for six months (if you do not become a department member).

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

The information will be maintained by the Fire Chief of the Milan Volunteer Department.

In witness whereof, this application has been subscribed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

By the understanding applicant who affirms that the statement made herein are true under the penalties of perjury.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witnessed by: \_\_\_\_\_

If applicant is LIMITED DUTY MEMBER (16-17 yrs. old), the PARENTAL/LEGAL GUARDIAN RELEASE FORM and PARENTAL/LEGAL GUARDIAN RELEASE FORM TO RIDE APPARATUS must be signed.



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## LIMITED DUTY MEMBER (16-17 yrs. old) PARENTAL/LEGAL GUARDIAN RELEASE FORM

This document must be signed by the Applicant and his/her Parent/Legal Guardian and returned to the Milan Volunteer Fire Dept. Inc. before membership will be allowed and before any equipment will be issued.

I, \_\_\_\_\_ hereby acknowledge that I and my child, \_\_\_\_\_ have read and understand the “Rules and Regulations” for the Milan Volunteer Fire Department. I will allow my child to participate in any and all adult supervised activities within the department. I understand that my child will have Workers Compensation while participating as a Limited Duty Member. Furthermore, I understand that by signing this form, I, the Parent/Guardian, will be responsible for any and all issued equipment that is lost, stolen, or damage due to neglect, abuse, or misuse until my child turns 18 years of age.

\_\_\_\_\_  
Signature of Applicant                      / /  
Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian                      / /

## LIMITED DUTY MEMBER (16-17 yrs. old) PARENTAL/LEGAL GUARDIAN RELEASE FORM TO RIDE APPARATUS

I, \_\_\_\_\_ hereby give my permission for my child, \_\_\_\_\_ to ride the apparatus of Milan Volunteer Fire Dept. Inc. while responding on call both emergency traffic and non-emergency traffic.

I am signing this document with the understanding of the risks involved while riding on an Emergency Vehicle.

This document must be signed by the proposed Limited Duty Member and his/her parent/legal Guardian and returned to the Milan Volunteer Fire Dept. Inc. before the Limited Duty Member will be allowed to ride any Emergency Vehicle.

\_\_\_\_\_  
Signature of Limited Duty Member                      / /  
Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian                      / /  
Date