

NEWARK VALLEY FIRE DEPARTMENT

9031 STATE RT. 38, NEWARK VALLEY, NY 13811

PHONE: 607-642-9555

MEMBERSHIP APPLICATION INFORMATION SHEET

We appreciate your interest in the Newark Valley Fire Department and look forward to receiving your completed application.

Please answer all questions and return the application during one of the Executive Board meetings, which are held the last Tuesday of the month at 6:30 p.m. The completed application must be turned into the Executive Board by the applicant. You will be given a brief interview and an explanation of membership expectations. You will then be contacted after your application has been reviewed and references checked by the Executive Board and your application has been reviewed and accepted by the Newark Valley Fire District Board of Commissioners. All applicants will have an arson background check conducted as per NYS Law prior to application approval. Your application is regarded as confidential and only the Executive Board and the Board of Commissioners will review the contents.

Our current training schedule is on the 1st, 2nd, and 3rd Tuesday of each month starting at 7:00 p.m. You will also be responsible for attending truck checks on Sundays from 9 a.m. to 12 noon. Meetings are held on the last Tuesday of each month starting at 7:00 p.m. for the general membership.

NVFD By-Laws require youth between the ages of 16 and 17 to have permission from a parent or legal guardian to join the Newark Valley Fire Department. The By-laws also require Junior Firefighters to Maintain a scholastic academic standing same as those participating in sports and extracurricular school activities. Our Standing Operating Guidelines may require parents/legal guardians to submit a statement after each school semester indicating whether the junior firefighter is maintaining the required academic standing.

Best Regards,

Newark Valley Fire Department
Executive Board

Membership Application

NEWARK VALLEY FIRE DEPARTMENT, 7151 ST ROUTE 38, NEWARK VALLEY, NY 13811

Phone: 607-642-9555 email: NewarkValleyFire@Outlook.com

Name _____ Date _____

Address _____

Home Phone _____ Work Phone _____ Cell Phone/Carrier _____

Email _____ Date of Birth _____ Social Security Number _____

If you have lived at the above address for less than 5 years, provide your previous address:

How Long have you resided in New York State? _____

Are you 18 years of age or older? Yes _____ No _____ If No, state your age _____

Youth ages 16 and 17 are required to provide parental or legal guardian permission.

I hereby grant permission to the above-named applicant to join the Newark Valley Fire Department as a Junior firefighter forget (between the age of 16 and 17 years old.

Signature of parent or legal guardian: _____

If student, name of school attending: _____

Are you currently employed? Yes _____ No _____ If yes, please provide employer information.

May we contact your employer for a reference? Yes _____ No _____

Name of Employer _____

Address _____ Telephone _____

Do you have a valid New York State drivers license? Yes _____ No _____

Driver's License Number _____

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

Please check appropriate time periods:

Weekdays: _____ Evenings _____ Nights _____

Weekends: _____ Evenings _____ Nights _____

Do you know of any health-related problems that may restrict or eliminate you from being an active firefighter? Yes _____ No _____ If Yes, list:

I have completed and passed New York State BEFO or Firefighter I course? Yes _____ No _____ If yes, please attach copies of certificates or list them on the back of this application along with the dates of issue (if available).

Previous emergency services experience or education _____

Name of Agency _____

Address _____

Contact Person _____ Telephone _____

(If more space is needed, use the comment section on back of this sheet)

Have you ever been a member of the United States Armed Forces? Yes ____ No ____

Have you ever been convicted or pled guilty to a felony and/or misdemeanor, insurance fraud, arson, or a reduction of one of those offenses? Yes ____ No ____ If Yes, give details on an attached sheet.

***Note:** New York State law prohibits individuals from membership in volunteer fire companies, who have been convicted of or pled guilty to the crime of arson. An arson background check will be performed.

List three personal references, other than family members or those living in the same household as you, who have known you for at least three years.

Name_____ Telephone#_____

Address_____

Name_____ Telephone#_____

Address_____

Name_____ Telephone#_____

Address_____

The Newark Valley Fire Department requires a free medical evaluation by our designated physician, as well as an arson background check. Are you willing to undergo these procedures? Yes ____ No ____

NOTICE: (Penal Law, Sec. 210.45) It is a crime punishable as a Class A misdemeanor under the laws of the State of New York, for a person, in and by a written instrument, to knowingly make a false statement, or make a statement which such person does not believe to be true.

Applicant Signature _____ Date_____

The application must be completed and signed by the applicant. They will only be available to the NVFD Executive Board and Board of Fire Commissioners for review and will be regarded as confidential. Any false information provided on this application will be grounds for rejection of this application and for dismissal from the fire department itself, if elected to membership.

FIRE DEPARTMENT USE ONLY

NEWARK VALLEY FIRE DEPARTMENT: Approved _____ Disapproved _____

Signed _____ Date _____ Title _____

NEWARK VALLEY FIRE DISTRICT BOARD: Approved _____ Disapproved _____

Signed _____ Date _____ Title _____

Comments: