

**ROOSEVELT FIRE DISTRICT**  
**APPLICATION INSTRUCTIONS**

**TO AVOID DELAYS-PLEASE READ AND FILL OUT CAREFULLY**

- \*\*This is a four page application. All four pages must be filled out,***
- \*\*It is required by New York State law that an arson conviction check be required on all applicants. If you have ever been convicted of arson, this application will be rejected and you will be notified by the Chief.***
- \*\*All applicants will be required to take and pass a **Physical Examination & Drug Test** conducted by our District Physician and will be reported to the District on the approved District Physical Examination Form. The applicant must make his/her own appointment. If applicant fails to keep the scheduled appointment, the cost will be at the applicant's expense. The necessary physical examination forms will be given to you by the Company Investigating Committee.***
- \*\*When this application is complete, return it to the Company to which you are applying for membership.***

**PLEASE PRINT -EXCEPT FOR SIGNATURES**  
**PRINT CLEARLY AND LEGIBLY**

**Specific Instructions:**

- Page #1**      ***Fill out the top section only. If you are not sure of the boundaries for our District, please contact a Company officer.***
- Page #2**      ***Answer all questions on this page. If necessary use the back of the page for additional comments or explanations.***  
***Be sure to have your signature witnessed and have a parents signature if you are under the age of 18.***
- Page #3**      ***Fill out entirely and have your signature notarized. (Banks, Pharmacies and many individuals are notary publics.)***
- Page #4**      ***This is the Arson Investigating Form and must be filled out completely along with your signature and a witness signature.***

**AGAIN, PLEASE MAKE ALL INFORMATION LEGIBLE TO AVOID DELAYS**

**ROOSEVELT FIRE DISTRICT**  
P.O. BOX 394-HYDE PARK, NY 12538  
**APPLICATION FOR ACTIVE MEMBERSHIP**

COMPANY 1 2 3  
(CIRCLE ONE)

IN DISTRICT/OUT OF DISTRICT  
(CIRCLE ONE)

NAME \_\_\_\_\_ DATE \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
HOME PHONE # \_\_\_\_\_ CELL PHONE # \_\_\_\_\_ E-MAIL \_\_\_\_\_  
AGE \_\_\_\_\_ D.O.B. \_\_\_\_\_ STUDENT \_\_\_\_\_ WHERE? \_\_\_\_\_

**INVESTIGATING COMMITTEE REPORT**

We, the investigating committee have met with the above named individual and recommend (approval/disapproval) of the candidate for membership. If application is for out of District membership, the committee verifies that the Company out of district membership is within NYS law.

Chairperson \_\_\_\_\_

\_\_\_\_\_  
(Committee Member)

\_\_\_\_\_  
(Committee Member)

\_\_\_\_\_  
(Committee Member)

\_\_\_\_\_  
(Committee Member)

**COMPANY VOTE REPORT**

This application has been accepted, read and voted upon by the membership of the Engine Company. Listed below is the outcome of the vote.

Total present at the meeting. \_\_\_\_\_ Votes favorable. \_\_\_\_\_

Votes opposed. \_\_\_\_\_ Votes void \_\_\_\_\_

Recording Secretary \_\_\_\_\_

**COMPANY**

**DISTRICT**

COMPLETE APPLICATION RECEIVED \_\_\_/\_\_\_/\_\_\_

APPLICATION REC'D FROM CHIEF \_\_\_/\_\_\_/\_\_\_

SENT FOR CO. INVESTIGATION \_\_\_/\_\_\_/\_\_\_

PHYSICAL APPROVAL \_\_\_/\_\_\_/\_\_\_

COPY OF ARSON SHEET TO CHIEF \_\_\_/\_\_\_/\_\_\_

ARSON APPROVAL \_\_\_/\_\_\_/\_\_\_

CO. INVESTIGATION APPROVAL \_\_\_/\_\_\_/\_\_\_

RFD COMMISSIONERS APPROVAL \_\_\_/\_\_\_/\_\_\_

CO. APPROVAL & COMPLETED APPL. TO CHIEF OF THE DEPARTMENT \_\_\_/\_\_\_/\_\_\_

**ROOSEVELT FIRE DISTRICT**  
P.O. BOX 394, HYDE PARK, NY. 12538  
**APPLICATION FOR ACTIVE MEMBERSHIP**

HOW LONG HAVE YOU LIVED AT YOUR CURRENT ADDRESS? \_\_\_\_\_ YEARS  
HOW LONG HAVE YOU LIVED IN NEW YORK STATE? \_\_\_\_\_ YEARS

ARE YOU CURRENTLY EMPLOYED? \_\_\_\_\_ OCCUPATION \_\_\_\_\_  
EMPLOYER INFORMATION: COMPANY NAME \_\_\_\_\_  
CONTACT PERSON \_\_\_\_\_  
COMPANY ADDRESS \_\_\_\_\_  
COMPANY PHONE NUMBER \_\_\_\_\_

MAY WE CONTACT YOUR EMPLOYER FOR A REFERENCE? \_\_\_\_\_

PLEASE LIST THREE REFERENCES WHO HAVE KNOWN YOU FOR AT LEAST THREE YEARS:

NAME \_\_\_\_\_ #OF YEARS KOWN \_\_\_\_\_ OCCUPATION \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
HOME PHONE # \_\_\_\_\_ WORK PHONE # \_\_\_\_\_

NAME \_\_\_\_\_ #OF YEARS KOWN \_\_\_\_\_ OCCUPATION \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
HOME PHONE # \_\_\_\_\_ WORK PHONE # \_\_\_\_\_

NAME \_\_\_\_\_ #OF YEARS KOWN \_\_\_\_\_ OCCUPATION \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
HOME PHONE # \_\_\_\_\_ WORK PHONE # \_\_\_\_\_

PLEASE LIST ANY ACQUAINTANCES WHO ARE MEMBERS OF THIS DEPARTMENT? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DO YOU HAVE ANY PREVIOUS FIRE/EMS EXPERIENCE? IF SO LIST WITH WHO, ADDRESS & PHONE #  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE INDICATE YOUR AVAILABILITY TO PARTICIPATE IN NORMAL FIRE DEPARTMENT ACTIVITIES, (MEETINGS DRILLS AND EMERGENCY CALLS). PLEASE CHECK TIME PERIODS.

WEEKDAYS DAYS \_\_\_\_\_ EVENINGS \_\_\_\_\_ NIGHTS \_\_\_\_\_  
WEEKENDS DAYS \_\_\_\_\_ EVENINGS \_\_\_\_\_ NIGHTS \_\_\_\_\_

DO YOU HAVE A VEHICLE & VALID DRIVERS LICENSE THAT ENABLES YOU TO RESPOND TO EMERGENCIES? \_\_\_\_\_

**IF YOU ANSWER YES TO ANY OF THE FOLLOWING QUESTIONS, PLEASE EXPLAIN YOUR ANSWER ON THE REVERSE SIDE OF THIS SHEET.**

\*HAVE YOU EVER BEEN CONVICTED OR PLEAD GUILTY TO A FELONY, MISDEMEANOR, INSURANCE FRAUD, DWI, DUI, ARSON OR A REDUCTION TO ONE OF THESE OFFENSES? YES \_\_\_\_\_ NO \_\_\_\_\_  
\*HAVE YOU EVER USED AN ALIAS OR BEEN KNOWN BY A DIFFERENT NAME? YES \_\_\_\_\_ NO \_\_\_\_\_  
\*HAVE YOU EVER BEEN TURNED DOWN BY THIS OR ANY OTHER FIRE DEPARTMENT? YES \_\_\_\_\_ NO \_\_\_\_\_

**ALSO PLEASE ANSWER THE FOLLOWING:**

DO YOU AGREE TO UNDERGO A PHYSICAL EXAMINATION AND DRUG TEST? YES \_\_\_\_\_ NO \_\_\_\_\_  
ARE YOU A MILITARY VETERAN? YES \_\_\_\_\_ NO \_\_\_\_\_  
WERE YOU HONORABLY DISCHARGED?(IF NO, EXPLAIN ON BACK OF PAGE.) YES \_\_\_\_\_ NO \_\_\_\_\_  
ARE YOU A CITIZEN OF THE UNITED STATES?(IF NO, EXPLAIN ON BACK OF PAGE.) YES \_\_\_\_\_ NO \_\_\_\_\_

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PARENT/GUARDIAN (IF UNDER 18) \_\_\_\_\_ WITNESS: \_\_\_\_\_

**ROOSEVELT FIRE DISTRICT**  
P.O. BOX 394, HYDE PARK, NY. 12538  
**APPLICATION FOR ACTIVE MEMBERSHIP**

**PRIVACY NOTIFICATION**

SECTION 94 OF THE PUBLIC OFFICERS LAW (PERSONAL PRIVACY PROTECTION LAW) REQUIRE 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
- \*BE MAINTAINED IN YOUR PERSONAL FILE, (IF YOU BECOME A FIRE COMPANY MEMBER) OR IN OUR RESUME FILE FOR SIX MONTHS (IF YOU DO NOT BECOME A FIRE COMPANY MEMBER.)

FAILURE TO PROVIDE THE INFORMATION OR AUTHORIZATION WILL RESULT IN YOUR APPLICATION NOT BEING CONSIDERED FOR MEMBERSHIP.

THE INFORMATION RECEIVED WILL BE MAINTAINED BY THE SECRETARY OF THE ROOSEVELT FIRE DISTRICT AND/OR THE SECRETARY OF THE FIRE COMPANY AT WHICH THE APPLICANT APPLIED FOR MEMBERSHIP.

**WAIVER OF DISCLOSURE AND RELEASE INFORMATION**

**APPLICANTS AUTHORIZATION FOR RELEASE OF INFORMATION**

I, \_\_\_\_\_ BEING CONSIDERED FOR APPOINTMENT TO A POSITION AS A VOLUNTEER FIREFIGHTER IN THE ROOSEVELT FIRE DISTRICT, COUNTY OF DUTCHESS, STATE OF NEW YORK CONSENT TO A COMPLETE BACKGROUND INVESTIGATION CONDUCTED BY THE ROOSEVELT FIRE DISTRICT.

IN FURTHERANCE OF THE BACKGROUND INVESTIGATION, I CONSENT TO AND AUTHORIZE THE DISCLOSURE OF ALL INFORMATION THE DISTRICT DEEMS RELEVANT TO THE EVALUATION OF MY FITNESS TO HOLD A POSITION OF PUBLIC TRUST. I THEREFORE AUTHORIZE THE DISCLOSURE TO THE ROOSEVELT FIRE DISTRICT OF SUCH INFORMATION, FILES AND RECORDS BY ALL MY FORMER EMPLOYERS, RECORDS OF ANY PREVIOUS FIRE DEPARTMENT, EDUCATIONAL INSTITUTIONS, GOVERNMENTAL BODIES, PROFESSIONAL INSTITUTIONS, MEDICAL AND HEALTH CARE PRACTITIONERS, AND ANY RECORD OF ANY ARREST AND/OR CONVICTIONS BY ANY POLICE DEPARTMENT WITHING OR OUTSIDE THE STATE OF NEW YORK.

I HEREBY WAIVE ANY PRIVILEGE OF CONFIDENTIALITY WITH RESPECT TO THE RELEASE OF ANY SUCH INFORMATION TO THE ROOSEVELT FIRE DISTRICT.

A PHOTOCOPY OF THIS AUTHORIZATION SHALL BE CONSIDERED AS EFFECTIVE AND VALED AS THE ORIGINAL, WHICH SHALL REMAIN ON FILE AT THE ROOSEVELT FIRE DISTRICT, DISTRICT OFFICE.

APPLICANTS NAME (PRINT) \_\_\_\_\_

APPLICANTS SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

SWORN BEFORE ME ON: \_\_\_\_\_

NOTARYPUBLIC \_\_\_\_\_



# Roosevelt Fire District

POST OFFICE BOX No 394

HYDE PARK, NEW YORK

(845) 229-8850

OFFICE OF THE CHIEF

## APPLICATION FOR MEMBERSHIP WITH A FIRE DEPARTMENT

*(THIS APPLICATION MUST BE SIGNED BY THE APPLICANT AND AN OFFICER OF THE ABOVE LISTED FIRE DEPARTMENT)*

### PERSONAL INFORMATION:      *(PLEASE CLEARLY PRINT ALL INFORMATION)*

NAME: \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

MAIDEN NAME OR OTHER NAMES KNOWN BY: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_  
(MM / DD / YYYY) (CITY) (STATE) (COUNTY)

CURRENT ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PREVIOUS ADDRESS: *(If present address is less than five years)*

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

DRIVER'S LICENSE NUMBER: \_\_\_\_\_  
(STATE) (NUMBER) (EXPIRATION DATE)

### AUTHORIZATION:

I hereby authorize the Dutchess County Sheriff's Office, Detective Division to conduct a background check for Arson and any offense requiring registration as a sex offender for my application for a position of Volunteer with the above-named Fire Department. Such inquiry will be conducted as outlined in the Rules and Regulations of the Dutchess County Sheriff's Office for background checks for positions of Volunteer with the fire departments in Dutchess County.

\_\_\_\_\_  
(APPLICANT'S SIGNATURE)

\_\_\_\_\_  
(CLEARLY PRINT NAME)

\_\_\_\_\_  
(DATE)

**WITNESSED BY:** *("Witness" MUST be an Officer of the above listed Fire Department)*

\_\_\_\_\_  
(FIRE DEPARTMENT OFFICER'S SIGNATURE) (CLEARLY PRINT NAME & TITLE)

\_\_\_\_\_  
(DATE)