Monroe Joint Fire District

Application for Membership

Company you wish to join:

◯ Mombasha ◯ Harriman ◯ Lakeside

Membership Type:

☐ Active Firefighter ☐ Active Fire Police
☐ Limited Duty Firefighter ☐ Junior Firefighter (Minor)
☐ Other: _____

Date: _____

Name
First: _____ Middle: _____ Last: _____

Sex: ◯ Male ◯ Female ◯ Other: _____

Physical Address (No PO Box)
Street: _____
City: _____ State: _____ Zip: _____
Mobile: _____ Home: _____
Email: _____

DOB: _____ Age at time of Application: _____

Emergency Contact
Name: _____ Relationship: _____
Mobile: _____ Home: _____ Work: _____

Marital Status: _____
Spouse's Name: _____

Documentation

Proof of Residency:
Driver's License or Birth Certificate Passport Government ID
Social Security number: _____

Application for Membership

Driver's License #: _____ State: _____Expiration: _____
Name on License: _____
Address on License: , , _____

Length of Time at Residence: _____Years
If less than one year, list previous residence and length of time.
Previous: _____
Length: _____ Years

Occupation: _____
Employer
Company Name: _____ Phone: _____

School (attach report card)
School Name: _____

Any other names or alias used during your education or employment (Maiden name, etc.)
Name(s): _____ _____ _____

Character References – List three people, not related to you, who have knowledge of your qualifications for membership in the Monroe Joint Fire District.
Name: _____ Phone: _____
Name: _____ Phone: _____
Name: _____ Phone: _____

Member of the US Armed Forces: ◯ Yes ◯ No

Member of another Fire Department, Ambulance Corp/EMS, Rescue Corp, Police, or other volunteer organization? ◯ Yes ◯ No
Name: _____ Phone: _____
Name: _____ Phone: _____

Do you have any special skills that can help the Monroe Joint Fire District?

Would you be available and willing to assist with the Civil or Social functions of the fire company (i.e. Fund raising, Parades, Committee work, Picnic, etc.)? Yes No
(Please note: some Fire Company by-laws require some level of participation.)

Sponsor's Name: _____ Company: _____

Sponsor's Signature: _____

Application for Membership

Minimum Requirements
Annual Physical Examination by the Department's designated physician at no cost to the member.
OSHA – Blood Borne Pathogens, Hazmat, Sexual Harassment, Workplace Violence/Harassment
Take and pass NIMS 100 and NIMS 700 courses (one time)
During your first year, you will be expected to complete at least one Fire Service course appropriate to your position: Firefighter 1, Scene Support, Fire Police Certification, etc.
Some fire company by-laws may require some level of additional participation.

Applicant's Certification and Declaration of Facts

IMPORTANT: All requested information must be furnished. The information provided will be used to determine your qualifications for membership. It is important that you answer all questions fully and accurately and without evasiveness. Failure to do so may delay consideration of your application and could mean loss of membership opportunities. A false or dishonest answer may be grounds for rating you ineligible for membership as well as grounds for expulsion after being elected to membership. All information will be considered in determining your fitness for membership.

I do hereby declare that the above statements have been examined by me and to the best of my knowledge and belief are true and correct.

Further, as the applicant, I understand the responsibility of the organization to its members and the community we serve. I shall abide by the By-Laws of the Department and the Company I join and actively support them.

Applicant Signature: _____

Applicant Name: _____ Date: _____

Application for Membership
Flow Sheet

Company: _____

Type of Member: _____

Applicant's Name: _____

Completed Application Received Date: _____

Document Review by: _____ Date: _____

Company Interview Date: _____

Application Forwarded to District Office Date: _____

Application Returned to Company Date: _____

Company Vote on Applicant's Membership Date: _____

Medical/Physical Exam Date: _____

Board of Fire Commissioners Membership Approval Date: _____

Applicant's Information Release Authorization

I hereby authorize the Monroe Joint Fire District, its agents and or members, to investigate and confirm the information which appears in this application for membership into the Monroe Joint Fire District. I authorize all former employers, government agencies, or other persons, firms, corporations, and institutions to provide and furnish my personal information to the Monroe Joint Fire District upon their request.

The applicant agrees to and authorizes the Monroe Joint Fire District to conduct a criminal record search, a search of the applicant's driving record, an arson list search, a search of the listing of sexual offense convictions, if any, and other such appropriate background checks

Applicant Signature: _____

Applicant Name: _____ Date: _____

Within the Freedom of Information 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 information obtained will:

Be used to determine your qualifications for which you are applying.

Be maintained in your personnel file (if you become a member of this department and one of its companies) or in our resume file for six months (if you do not become a member of this department and one of its companies).

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

Parental Consent (for Applicants under the age of 18)

Applicant's Name: _____

I have read this application and may have helped in its completion. I hereby grant my son/daughter permission to join the Monroe Joint Fire District. Further, I grant the Monroe Joint Fire District permission to facilitate emergency medical treatment should the need arise.

The Monroe Fire Joint District agrees to notify me as soon as possible m the event of an emergency at the contact information I have provided. Further, I certify that the contact information I have provided is current and accurate.

It is the applicant's responsibility to keep this information current and accurate.

Parent/Guardian Signature: _____
Parent/Guardian Name: _____

Contact Information of Parent/Guardian

Home: _____ Work: _____
Cell: _____ Email: _____

Additional Contact Information

Name: _____ Relationship: _____
Home: _____ Work: _____
Cell: _____ Email: _____

The Process

Complete the Application and submit all the documents to a Line or Civil Officer of your selected Company. Only a complete and legible application will be processed.

The Company will review your application.

You will have a Company-level interview.

The successful Applicant's Application for Membership will be forwarded to the District Office for processing.

The successful Applicant will be contacted by the District Office to arrange a date for the mandatory physical (at the District's expense).

The Application for Membership will be forwarded to the Board of Fire Commissioners of the Monroe Joint Fire District (as per Article V, Section 1D of the MJFD Constitution and By-Laws).

Monroe Joint Fire District

Accountability Tag and Photo ID Information

Date: _____

Company:

Company Badge Number: _____Rank_____

Status:

☐ Interior ☐ Exterior ☐ FAST Team ☐ Dive Team

First: _____ Middle: _____ Last: _____

Street: _____

City: _____ State: _____ Zip:_____

Mobile: _____ Home: _____

Email: _____

Driver's License #: _____State: _____Expiration: _____

Emergency Contact

Name: _____Relationship: _____

Mobile: _____Home: _____Work: _____

Emergency Contact

Name: _____Relationship: _____

Mobile: _____Home: _____Work: _____

Endorsement by Chief for Blue light use:

Signature:_____ Date:_____

A copy of this form must be provided to the safety officer for the member to obtain a valid id

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.

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.

A. DATE:

B. REQUESTING VOLUNTEER FIRE DEPARTMENT

DEPARTMENT NAME:

FIRE CHIEF NAME: SIGNATURE:

ADDRESS:

TELEPHONE NUMBER: 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.		

RESULTS OF INQUIRY

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

INVESTIGATING OFFICER SIGNATURE _____

☐ 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