



Brewster Fire Department **Application for Membership**

Thank you for your interest in becoming a member of the Brewster Volunteer Fire Department.

Applications for membership will be accepted at all times throughout the year, however new members will be notified to attend biannual orientations to begin their individual membership and probationary program in the months of FEBRUARY and AUGUST based upon when their application has been received.

Membership Eligibility Requirements

1. Applicants must be at least 16 years of age at the time of submission.
 - 1.1. Applicants under 18 years of age will require signature approval by their parent or guardian prior to submission being accepted.
2. Applicants must provide proof of legal residency OR proof of legal employment within the Brewster - Southeast joint fire district or its approved adjacent areas.
3. Applicants must provide authorization for disclosure of personal information and a criminal background check.

Membership Application Instructions

1. This application must be filled out entirely as it applies to each applicant.
2. Please include photo copies of both the front AND back of your driver's license or state issued identification card.
3. Please include a check in the amount of \$ 35.00 and made payable to the Brewster Fire Department.
4. Please include all supporting documents as requested at the rear of the completed application.
5. Completed applications may be submitted in person at either BFD station, by mail, or left in the RED MAILBOX located outside of BFD headquarters.

BFD Contact Information

Membership Committee Chairperson - Carolyn Meyer, Cell # (845) 774-5455
Brewster Fire Department (Headquarters)
501 North Main Street, Brewster N.Y. 10509
Headquarters phone number - (845) 279-3555

APPLICATION FOR MEMBERSHIP

Date _____

1. _____
(Last Name) (First Name) (Middle Initial)

2. Do you have a nickname or prefer to be called by an abbreviated version of your name? If so, how would you like to be addressed? _____

3. _____
(Home Address)

(City) (State) (Zip Code) (Apt. Number)

4. How long have you resided at the above address? Years _____ Months _____

5. How long have you resided in New York state? Years _____ Months _____

6. Are you a United States citizen? YES _____ NO _____

7. Are you 18 years of age or older? YES _____ NO _____ If no, state your age _____

8. Telephone and Email: (_____) _____ (_____) _____
(Home) (Work)

(_____) _____
(Cell*) (Email Address)

* May we contact you via text message? YES _____ NO _____

9. Do you possess a valid New York State driver’s license? YES _____ NO _____

If “yes”, please provide your license number _____

If “yes”, do you possess a commercial driver’s license? YES _____ NO _____

* Please provide photo copies of the front AND back of your drivers license.

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10. Are you currently employed? YES ___ NO ___

If “yes”, please provide the information below.

Name of employer _____

Address _____

How long have you been employed here? Years _____ Months _____

Telephone Number (_____) _____

* May we contact your employer? YES ___ NO ___

11. Have you ever been a member of the U.S. Armed Forces? YES ___ NO ___

If “yes”, did you receive a dishonorable discharge? YES ___ NO ___

If “yes”, please provide complete details on the attached page for additional information.

* Dishonorable discharge is NOT an absolute bar to membership. This and other factors will affect a final membership decision.

12. Have you ever been convicted of, or plead guilty to a felony, misdemeanor, insurance fraud, arson, or a reduction of one of these offenses? YES ___ NO ___

Do you have any pending arrests? YES ___ NO ___

If “yes” please provide complete details on the attached page for additional information.

13. Please list the names of any acquaintances who are also members of the BFD:

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14. Please list three personal references, OTHER THAN members of this department, who have known you for at least three years.

Name _____ Phone number (_____) _____

Address _____

Relationship to this reference _____

Name _____ Phone number (_____) _____

Address _____

Relationship to this reference _____

Name _____ Phone number (_____) _____

Address _____

Relationship to this reference _____

15. District policy requires that you pass a physical examination, paid for by the fire district, which may include a drug screening prior to being accepted as a “full member”. Are you willing to undergo a medical examination and drug screening?
YES ___ NO ___

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

Which days of the week are you normally available? _____

What times during the day are you normally available? _____

17. Do you have any previous emergency services experience such as firefighting, rescue, and/or EMS? YES ___ NO ___

*While prior experience is certainly positive, it is not required for membership.

Name of Agency _____

Dates of service _____ to _____

Address of service _____

Name of Chief officer or Company officer _____

* Please include any copies of any current certifications and/or certificates held.

18. In your own words, please state why you would like to become a member of the Brewster Fire Department.

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

IN WITNESS WHEREOF, THIS APPLICATION HAS BEEN SUBSCRIBED ON THIS _____ DAY OF _____, 20____ BY THE UNDERSIGNED APPLICANT WHO AFFIRMS THAT THE STATEMENTS MADE HEREIN ARE TRUE UNDER THE PENALTIES OF PERJURY.

Applicant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____
(Only if applicant is under the age of eighteen)

Witnessed by _____ Date _____
(Print name)

Witness signature _____

PRIVACY NOTIFICATION

Section 94 of the Public Officers Law (Personal Privacy Protection Law) requires you to be notified of the following facts when information maintained in a records 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, board of Fire Commissioners, Membership Committee; and
- * Be maintained in your personal file (if you become a fire department member) or in our resume file for six months (if you are not accepted as a fire department member).

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

Information collected about you will be maintained by:

The Office of the Chief of the Brewster Fire Department, INC.

501 North Main Street, Brewster N.Y. 10509

Telephone (845) 279-3555

BREWSTER FIRE DEPARTMENT

501 NORTH MAIN STREET
BREWSTER N.Y. 10509
TELEPHONE (845) 279-3555

I understand that misrepresentation in any of my answers or statements in this application will result in cancellation this application and if accepted, will result in my dismissal.

I authorize all listed references and acquaintances to furnish the Brewster Fire Department with any information which may influence my acceptance as a member of the department.

I authorize investigation of all statements in this application including driving records, employment check and criminal background investigation.

It is understood that this is an application only and does not imply or commit the department in any way to accept me as a volunteer and/or member.

It is further understood that if accepted as a member of the Brewster Fire Department, I will abide by the following rules and regulations as set forth within the following documents at all times.

- * Brewster Fire Department By-laws.
- * Brewster Fire Department Standard Operating Guidelines.
- * Brewster Fire Department Sexual Harassment Policy.
- * Brewster Fire Department Social Media Policy.
- * Brewster - Southeast Joint Fire District By-laws.
- * Any other rules, regulations, and policies as provided.

(Applicant's Signature)

(Date)

DISCLOSURE / AUTHORIZATION FORM

By this document BREWSTER FIRE DEPARTMENT discloses to you that a consumer report may be obtained for employment purposes as part of our employment background screening process and at any time during your employment with our company.

This shall authorize the procurement of a consumer report by BREWSTER FIRE DEPARTMENT as part of the employment background screening process. If hired, this authorization shall remain on file and shall serve as an ongoing authorization for BREWSTER FIRE DEPARTMENT to procure consumer reports at any time during my employment period.

I also authorize the procurement of an investigative consumer report and understand that it may contain information about my employment and educational background, criminal history, credit, mode of living, character, and personal reputation. I understand that I have the right to obtain additional disclosure as to the nature and scope of the investigation upon written request within a reasonable period of time and to obtain a copy of the report itself. This authorization, in original or copy form, shall be valid for this and any future reports or updates that may be requested.

(Applicant's Signature)

(Print Name)

(Date)

BACKGROUND SCREENING AUTHORIZATION

I authorize all corporations, companies, former employers, supervisors, credit agencies, educational institutions, law enforcement / criminal justice agencies, city, state, county, and federal courts, state motor vehicle bureaus, military services, and persons to release information they may have about me to the person or company with which this authorization has been filed, or their agent, Fidelifacts / Metropolitan New York, Inc. I release all parties involved from any and all liability for damages arising from requesting, procuring or furnishing the requested information except with respect to a violation of the Fair Credit Reporting Act. I authorize Fidelifacts / Metropolitan New York, Inc. to receive any criminal history information pertaining to me in the files of any state or local criminal justice agency in New York. I authorize the National Personal Records Center, St. Louis MO or other custodian of my military records to release to Fidelifacts / Metropolitan New York, Inc. information or photocopies of my military personal and related records, or only the following information / records: _____

Service # _____ Branch of Service: _____ From _____ To _____

(Applicant's Signature) (Print Name) (Date)

(Name(s) used while in school) (Driver's License ID Number)

(Other Name(s) Used) (Social Security Number) / _____ / _____
(Date of Birth)

(Current Address) (City or Town) (State) (Zip Code)

(Current Address) (City or Town) (State) (Zip Code)

BREWSTER FIRE DEPARTMENT

DIVISION OF TRAINING INFORMATION SHEET

The BFD membership committee will upon processing your application, forward this sheet to the BFD division of training and Captain of training for scheduling of your probationary member orientation.

_____ YES NO
(Print Name Clearly) (Are You Over 18 Years Of Age)

_____ (Cell Phone Number) (Cell Phone Carrier)

The following information will be used to size and provide you with apparel, dress uniforms, and personal protective equipment (PPE) during your probationary period. Please provide this information to the best of your ability.

T-Shirt Size _____ Hat Size _____

Neck Size (Inches) _____ Sleeve Length (Inches) _____

Chest Size (Inches) _____

Waist Size (Inches) _____ Inseam Length (Inches) _____

Boot and Shoe Size _____ Glove Size _____

Please indicate if you're interested in becoming an emergency medical technician (EMT), Firefighter, or Fire Police member. If you're interested in all categories of membership please circle ALL.

EMS FIREFIGHTING FIRE POLICE ALL

Membership Committee, tear off and submit this form to Captain of Training

Place form in Training Officer mailbox located outside of Chief's office door