

Date Application Received	Interview Date:
Date Voted in The Fire Company:	Date Sworn In:
Member Number: (assigned by the Fire Company Financial Secretary)	

FAIRVIEW FIRE COMPANY

258 VIOLET AVENUE

POUGHKEEPSIE, NY 12601

845-452-8770

MEMBERSHIP APPLICATION

CIRCLE ONE

FIRE	EMS	FIRE POLICE	LADIES AUXILIARY
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PERSONAL INFORMATION

LAST NAME:	FIRST NAME:	MI:
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Current Address: (Marist or Dutchess College Students)	City, State, Zip
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Current Home Address: (Non-College Applicants)	City, State, Zip
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PHONE NUMBERS

HOME: ()	WORK: ()	CELL: ()	MARIST DORM: (845)
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E-MAIL ADDRESS:

DATE OF BIRTH:	SOCIAL SECURITY NUMBER:
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DRIVER'S LICENSE NUMBER:	STATE:	EXPIRATION DATE:
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REFERENCES

(Please list (3) three PERSONAL references who are NOT FAMILY OR FAIRVIEW MEMBERS)

NAME:	ADDRESS:	PHONE NO.	RELATIONSHIP

May we check your references?	YES	NO
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EMERGENCY CONTACT INFO

NAME	ADDRESS	PHONE & CELL	RELATIONSHIP

SCHOOL INFORMATION

Are you currently attending High School or College?		YES	NO
Name of High School:	Grade:		
Name of Guidance Counselor:	Phone Number: ()		
Name of College:	Grade:		
College Contact Person:	Phone Number: ()		

Have you ever been asked to resign from, or been dismissed from any volunteer organization?
YES NO

Do you have any pending arrests?
YES NO

TERMS AND CONDITIONS

Do you agree to any medical test required by and paid for by the Fairview Fire District?
YES NO

If you Fail to show up for your scheduled physical you will automatically become responsible for payment of such.

While attending training classes: if you fail or quit you are required to reimburse the Fire District for the cost of the class.

You are responsible for all District and Company property given to you. You agree to pay for anything that is stolen or damaged and if you leave the Fire Company you are responsible for returning all issued District and Company property in your possession.

**(if you are under 18 years of age)
Parent or Guardian must fill out the following**

Name and Title (Please Print)

Signature

Date

ACKNOWLEDGEMENT

I _____ herby certify all of the above information is correct
(Print Name)

And truthful to the best of my knowledge and that I understand the terms and conditions.

(Signature)

Date

Falsification of any kind of this application will result in the voiding of this application, and immediate dismissal from the Fairview Fire Company.

Fairview Fire Company is “an Equal Opportunity Organization”

**ACKNOWLEDGEMENT
TO BE COMPLETED BY A NOTARY PUBLIC**

State of _____,

County of _____

On this _____ day of _____, 20_____ before me

personally appeared _____

to me known and known to me to be the same person described in and who executed the foregoing instrument, and ___ he duly acknowledged to me that _____ he executed the same.

Notary Public (Please sign and affix stamp)



Fairview Fire District

258 Violet Avenue

Poughkeepsie, New York 12601

Tel: (845) 452-7453

Fax: (845) 452-0552

Upon joining the Fairview Fire District, I, _____
(Print Name)

agree to spend an average of twenty (20) hours per month at the Fairview Fire Station during my first year as a member. This time will include stand-by time, alarm time, and training time. If the twenty (20) hour average requirement per month is not met, I will agree to reimburse the Fairview Fire District for the cost of the physical exam, which is required prior to becoming a member.

(Signature)

(Date)

(Notary Public)

(Date)



Fairview Fire District

Federal Drivers Privacy Protection Act
Authorization to Obtain Motor Vehicle Report

For the sole purpose of the determination and evaluation of my motor vehicle operating record and pursuant to the State and Federal regulations of compliance, I (Name of Employee) _____ authorize Rose & Kiernan Inc. and the Fairview Fire District to obtain my Motor Vehicle Record. I understand that this record may contain personal information * in addition to any/all driver violations and/or accidents, which may be on record through the New York State Department of Motor Vehicle or applicable state.

I also authorize release of this information to my employer (or proposed employer.)

Signature of Employee

Address: _____ City: _____ State: _____ ZIP: _____

Drivers License Number

State

Date of Birth

Street Address & Mailing address

City: _____ State: _____ ZIP: _____

Date signed: _____

*Personal information means information that identifies an individual including an individual's photograph, social security number, driver identification number, name address and telephone number. It does not include information on vehicular accidents, driving violations and driver status.

Please include a copy of your driver's license



Fairview Fire District
258 Violet Avenue
Poughkeepsie, NY 12601

Office: (845) 452-7453
Station: (845) 452-8770
Fax: (845) 452-0552

APPLICATION FOR MEMBERSHIP WITH A FIRE DISTRICT

PERSONAL INFORMATION *(Please print all information)*

NAME: _____
LAST, FIRST, MIDDLE INITIAL

MAIDEN NAME OR OTHER NAMES KNOWN BY: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____
CITY STATE COUNTRY

CURRENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

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

CITY: _____ STATE: _____ ZIP: _____

SOCIAL SECURITY NUMBER: _____

DRIVER'S LICENSE STATE/NUMBER: _____ Expires: _____

I hereby authorize the Dutchess County Sheriff's Office, Detective Division to conduct an Arson Check regarding my application for a position of volunteer with the above named fire department. Such arson check will be conducted as outlined in the Rules and Regulations of the Dutchess County Sheriff's Office for background checks for positions of volunteers with fire departments in Dutchess County.

Applicant's signature Print Name Date

Fire District Officer's signature Print Name & Title Date