

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	RESCUE
-------------	---------------

PERSONAL INFORMATION

LAST NAME:	FIRST NAME:	MI:
------------	-------------	-----

Current Address : (Marist or Dutchess College Students)	City, State, Zip
---	------------------

Home Address:	City, State, Zip
---------------	------------------

PHONE NUMBERS

HOME: ()	WORK: ()	CELL: ()	MARIST DORM: (845)
--------------	--------------	--------------	-----------------------

E-MAIL ADDRESS:

DATE OF BIRTH:	SOCIAL SECURITY NUMBER:
----------------	-------------------------

DRIVER LICENSE NUMBER:	STATE:	EXPIRATION DATE:
------------------------	--------	------------------

Updated 12/11/2023 cld

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
-------------------------------	-----	----

EMERGENCY CONTACT INFORMATION

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: ()		

TERMS AND CONDITIONS

Do you agree to any medical test required by and paid for by the Fairview Fire District?

YES

NO

Upon joining the Fairview Fire Company I 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 requirements 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.

YES

NO

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

ACKNOWLEDGEMENT

I _____ hereby certify that 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 District
258 Violet Avenue
Poughkeepsie, NY 12601

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

"Integrity, Valor, Excellence and Teamwork"
Serving Since 1910

APPLICATION FOR MEMBERSHIP WITH A FIRE DISTRICT

(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 INITIAL)

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 5 years):

CITY: _____ STATE: _____ ZIP: _____

SOCIAL SECURITY NUMBER: _____

DRIVER'S LICENSE: _____
(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 Fire District)

(Fire District Officer's Signature) (Clearly PRINT Name & Title) (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