

Scarsdale Fire Department

Volunteer Firefighter Application



Scarsdale Fire Department
Volunteer Co. No. _____

Name: _____

Address: _____

City/State/Zip: _____

Home Phone # _____

Business Phone # _____

Cell Phone # _____

Application Revised 11/24/14

**VILLAGE OF SCARSDALE
FIRE DEPARTMENT**

*James E. Seymour IV
Chief of Department*



*Tel 914-722-1215
Fax 914-722-1214*

50 Tompkins Road
Scarsdale, NY 10583

Dear Prospective Volunteer Firefighter:

The purpose of this letter of introduction is to inform you of the steps involved in becoming a Volunteer Firefighter with the Village of Scarsdale Fire Department and Volunteer Fire Company No._____.

You should be aware that sensitive and confidential aspects of your personal life will be treated as such but may be explored during the process. The process is expected to take 30 to 60 days. (Longer intervals are possible in many cases).

Candidates must successfully complete each step of the process before being accepted. Elements in the acceptance process shall include, but are not limited to:

- 1) **Completing the application:** Candidates must complete the application in its entirety. Reviewing the application with the Volunteer Company Officer(s) will provide you with an opportunity to ask any questions you may have about being a volunteer firefighter. Do **NOT** fax the *NYS Division of Homeland Security & Emergency Services/Office of Fire Prevention & Control - Volunteer Firefighter Inquiry Form*. ***The Training Officer will fax it to NYS upon receipt of your completed application packet.***
- 2) Your application will be forwarded to the Training Officer by the Volunteer Captain. Once the Training Officer receives satisfactory results of the arson check he will notify the Volunteer Captain.
- 3) Once your Volunteer Captain receives clearance from the Training Officer you must then go for fingerprints as part of a more extensive criminal background check. Your fingerprints will be taken and forwarded to the Division of Criminal Justice Services (D.C.J.S.) for evaluation. Your Volunteer Captain will provide information regarding the fingerprint process.
- 4) Thereafter, you will be interviewed by the Fire Chief and/or the Training Officer.
- 5) Based upon the above, an offer of membership may be extended.
- 6) After receiving the offer of membership, you will be required to fulfill your obligations as required by the Fire Department and/or Company No._____.

- 7) Once you have been formally accepted as a member by both the Fire Department and Company No. _____ you must then seek an initial medical evaluation. Medical evaluations are required initially and on an annual basis thereafter, and are at the expense of the Fire Department if you choose to see the Department physicians. Your company captain will provide details and the necessary documentation.
- 8) Upon the completion of all requirements, your provisional period will be reviewed and final acceptance as a member will be considered.

Please review this entire application with the Volunteer Company Officer and be sure to ask questions where necessary.

Thank you for your interest in the Scarsdale Fire Department, and best of luck with the application process.

Sincerely,

James E. Seymour IV

James E. Seymour IV
Chief of Department

Application for Membership

Scarsdale Volunteer Fire Company No. ____

I, _____

DO HEREBY MAKE APPLICATION FOR MEMBERSHIP IN SCARSDALE VOLUNTEER COMPANY NO. ____.

I make this application knowing membership in the Company imposes obligations and duties to the communities and to the Company, and with the firm belief the nature and demands of my profession, vocation or employment will not constitute any foreseeable conflict with my ability to attend the regular meetings and regular drills of the Company presently held in the course of the year, and knowing that failure to attend such meetings and drills, and attendance at fires when summoned, unless excused for good cause, constitute grounds for termination of membership. I agree to abide by and conform to the By-Laws, Operating and Training Manual and other regulations of the Fire Department and the Company and will obey to the best of my ability the lawful order of the Officers of the Fire Department and the Company. I understand that the sole purpose of membership in the Fire Company is to protect life and property in the Village from fire, disasters and other emergencies. I am willing to do the work and accept the risks that this membership requires.

To the best of my knowledge, information and belief, I am in good health and physical condition and will supply a statement from my doctor that I am physically fit.

I make this application without any mental reservations and with the understanding that membership does not vest me with the right to material benefits and solely from a desire to render service to my community.

SIGNATURE:

NAME:

Type or Print

DATE: _____

Scarsdale Fire Department – Volunteer Fire Fighter Application

1. Date _____ Application for Volunteer Fire Company No. _____

2. Social Security # _____

3. Name: _____

4. Address: _____

5. Number of years at above address _____

Previous New York addresses for the past five years:

6. Date of Birth: _____

7. List organizations you are a member of that in your opinion pertain to fire fighting
(excluding political or religious organizations).

Scarsdale Fire Department – Volunteer Fire Fighter Application

8. Education: _____

A) High School: _____

Name and Location
Dates of Attendance _____ Major _____ Degree _____

B) College: _____

Name and Location
Dates of Attendance _____ Major _____ Degree _____

C) Post Grad: _____

Name and Location
Dates of Attendance _____ Major _____ Degree _____

9. Can you speak any foreign languages?

10. Have you ever taken a New York State Civil Service examination?

If so, list date and title:

11. Have you ever made application with another Fire Department or Fire Company?

If yes, give name of Fire Department/Company.

12. If formerly a member of another department, give reason for leaving:

13. Recommended to Company No.____ by: _____

Scarsdale Fire Department – Volunteer Fire Fighter Application

14. Do any members of your family work for the Village of Scarsdale? _____

Name/Department:

15. Present Employment:

Name of Firm:

Type of Business

Address & Zip:

Employment Date: _____

Job Description:

16. Have you ever been convicted of a crime? If Yes, explain:

17. Have you ever been a witness to/in a criminal case proceeding?

If Yes, explain: _____

18. Do you possess a Valid New York State Driver's License?

Yes ____ No ____

Driver's License number _____

Scarsdale Fire Department – Volunteer Fire Fighter Application

19. Other than parking, have you ever been convicted of any traffic violations?

Yes _____ No _____ If Yes, give location, date and violation:

20. Do you have a pistol permit? _____ Permit # _____

21. U.S. Armed Services Record: _____ None _____

Date entered: _____ Date Discharged: _____

Rank: _____ Serial Number: _____

Branch of Service: _____ Type of Discharge: _____
(Optional)

Are you still a member of the Armed Forces? _____ Explain:

Scarsdale Fire Department – Volunteer Fire Fighter Application

22. In paragraph form and your own handwriting, state your reasons for considering service as a volunteer firefighter:

NOTICE: FALSE STATEMENTS MADE IN THIS APPLICATION MAY BE USED AS CAUSE TO REJECT YOU AS A MEMBER.

Date: _____

Applicant's Signature

Proposed By: _____
Name Signature

Seconded By: _____
Name Signature

Department interview conducted by: _____ Name/Rank
(*Department interview must be conducted by the Fire Chief or the Training Officer*)

Interviewed on: _____ Date

Application Approved / Disapproved by: _____
James E. Seymour IV Date
Chief of Department

**STATE OF NEW YORK
COUNTY OF WESTCHESTER**

VILLAGE OF SCARSDALE

VERIFICATION AFFIDAVIT

I, _____ (Applicant), state as follows:

1. I certify that the information on this application is true and complete to the best of my knowledge. I voluntarily authorize the Scarsdale Fire Department and Fire Co. No.____, Scarsdale, New York, the right to use this application on the conduct of any inquiry of my activities.
2. I hereby release the Scarsdale Fire Department and Fire Co. No. ____, Scarsdale, New York from any liability or responsibility to make such inquiry. I hereby acknowledge that false statements or omissions of material facts may be sufficient cause for rejection of my application.
3. I authorize and request any and all of my former employers, schools, law enforcement agencies and any other person to furnish the Scarsdale Fire Department and Fire Co. No. ____, Scarsdale, New York, any information they may have concerning my character, ability, business activities, reputation, personal characteristics, educational history, together with, and reason for termination thereof.
4. I hereby release each such individual and organization from any and all liability to whatsoever nature by reason of furnishing information to the Scarsdale Fire Department and Fire Co. No. ____, Scarsdale, New York.

DATED: _____

Applicant's Signature

WITNESS:

WITNESS:



AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, do hereby authorize a review of and full disclosure of all records concerning myself to the Village of Scarsdale Fire Department and Volunteer Fire Co. No. _____, Scarsdale, New York, whether the said records are of public or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure of records of educational institutions, including medical treatments, United States Veterans Administration, Navy, Army, Air Force, Coast Guard, Military Reserves, Welfare and Unemployment Services, employment records, criminal records, records of recollection of attorneys at law or of other counsel whether representing me or another person in any case, either criminal or civil, in which I had an interest. I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for acceptance by the Village of Scarsdale Fire Department and Volunteer Fire Co. No. _____. I also certify that any person(s) who may furnish such information and do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. I release the Village of Scarsdale Fire Department and Volunteer Fire Company No. ____, Scarsdale, New York from any liability which may be incurred as a result of collecting such information.

A PHOTOCOPY OF THIS RELEASE WILL BE VALID AS AN ORIGINAL THEREOF, EVEN THOUGH THE SAID PHOTOCOPY DOES NOT CONTAIN WRITING OF MY SIGNATURE

I have read and fully understand the contents of this "Authorization for Release of Personal Information".

Signature of Applicant: _____ Date _____

WITNESS: _____
Name Signature

WITNESS: _____
Name Signature

**James E. Seymour IV, Fire Chief
Scarsdale Fire Department**

**STATE OF NEW YORK
COUNTY OF WESTCHESTER
VILLAGE OF SCARSDALE**

VERIFICATION AFFIDAVIT

**VILLAGE OF SCARSDALE
FIRE DEPARTMENT**

*James E. Seymour IV
Chief of Department*



*Tel 914-722-1215
Fax 914-722-1214*

50 Tompkins Road
Scarsdale, NY 10583

HARASSMENT POLICIES

I have received copies of the Village of Scarsdale's policy on *Harassment* (Village Policy #408), the Village of Scarsdale's policy on *Sexual Harassment* (Village Policy #409), and our own internal General Order on *Harassment/Sexual Harassment* (GO #1-VI-6). I read both Village policies and the General Order and understand the content of each.

Volunteer Firefighter Name

Signature

Date

**VILLAGE OF SCARSDALE
FIRE DEPARTMENT**

*James E. Seymour IV
Chief of Department*



*Tel 914-722-1215
Fax 914-722-1214*

50 Tompkins Road
Scarsdale, NY 10583

Social Media Policy

I have received a copy of the Scarsdale Fire Department's policy on *Social Media* (General Order #1-VI-7 Social Media Policy). I have read the General Order and understand the content.

Employee Name

Employee Signature

Date

Return this completed form to the Fire Chief.

**VILLAGE OF SCARSDALE
FIRE DEPARTMENT**

*James E. Seymour IV
Chief of Department*



*Tel 914-722-1215
Fax 914-722-1214*

50 Tompkins Road
Scarsdale, NY 10583

INFORMATION FOR ID CARDS

Employee ID No: _____

Company No: _____

Tracking: _____

Last Name: _____

First Name: _____

Middle Initial: _____

Sex: _____

Height: _____

Hair Color: _____

Eye Color: _____

Weight: _____

Date of Birth: _____

Interior/Exterior: _____

Rank: _____ **VOLUNTEER FF** _____

SS #: _____

Address: _____



**NYS Division of Homeland Security and
Emergency Services
Office of Fire Prevention and Control**

**Volunteer Firefighter Inquiry Form
Westchester County Agencies**

OFPC USE ONLY	Date/Time Stamp
NYSPIN #	

***NOTE: ALL FIELDS IN SECTIONS 1 & 2 MUST BE COMPLETED**

PLEASE TYPE OR PRINT NEATLY WITH BLACK INK

FAX completed form directly to OFPC Arson Bureau @ (518) 242-3746

Section 1: Fire Department Information

Name:	Date:	
Street Address:		
Post Office:	State:	Zip:
Daytime Phone Number:	Fax Number:	
PRINT Name of Requesting Chief Officer:		
Signature:	Title:	

Section 2: Applicant Information

Last Name:	First:	MI:
Street Address:		
Post Office:	State:	Zip:
Nickname:	Sex: Male Female	Height: ___ Ft. ___ In.
Race/Appearance:	White Black Am. Indian Asian Hispanic Other	
DOB: / /	Age:	Social Security Number:

INVESTIGATING OFPC OFFICER:		DATE:
INVESTIGATING OFPC OFFICER SIGNATURE:		
RESULTS OF INQUIRY	<input type="checkbox"/>	No Record of Arson Conviction; and No Record of Conviction Requiring Registration as a Sex Offender PROCEED WITH APPLICATION PROCESS
	<input type="checkbox"/>	Arson Conviction Found APPLICANT MAY NOT JOIN VOLUNTEER FIRE DEPT.
	<input type="checkbox"/>	Convicted of a Crime Requiring Registration as a Sex Offender; Fire Company shall refer to Correction Law §§752 and 753 to determine eligibility. Fire Company contact the Sex Offender Registry at 800-262-3257 to learn more.
	<input type="checkbox"/>	Arson and/or registerable sex offense case is pending adjudication APPLICANT / TRANSFEREE APPROVAL MUST BE DELAYED

DHSES/OFPC 12/2014