Pleasant Valley Fire Department

What you need to know to become a member.....

The Pleasant Valley Fire Department is always looking for new people who wish to help their community in FIRE or EMS. The **P.V.F.D.** offers many opportunities and unique benefits to all of its members.

All you need to join the Pleasant Valley Fire Department is:

- Be 16 yrs or older
- Pass a background check
- Pass a physical
- Be accepted by the membership

Once you become a member you will be able to decide the area(s) that interest you. They are:

- Interior Firefighter–fighting fires / extrication (Jaws of Life)
- Scene Support – assisting at scenes (getting tools, moving hose lines, filling air bottles)
- Driver – drive to scene and pump apparatus
- Fire Police – direct traffic safely around incidents
- EMS – become an EMT and save lives or a driver

When you become a member of the Pleasant Valley Fire Department we will train you for free!

Some of the exciting classes that we offer to you are:

- Firefighter 1
- Firefighter 2
- Firefighter Assist and Survival
- Scene Support
- First Aid/CPR
- EMT
- CEVO (Coaching the Emergency Vehicle Operator)
- EVOC (Emergency Vehicle Operator Course)
- Pump Operations
- Ice and Water Rescue
- Vehicle Extrication
- Fire Police

Remember...your firematic education is endless. You can never learn too much about the job!

The P.V.F.D. has very few requirements to remain an active member. Requirements include:

- Make 10% of your yearly calls
- Make 5 meetings
- Make 4 work details
- Make 3 fundraisers

Being a member of P.V.F.D. has some financial benefits as well. They are:

- $200 credit on your New York State tax return
- Fire Department Service Award (30yrs service = $600 after age 60)

Yes, there are risks being in the fire service, more than many other occupations. So why do we do it?

Very simple....the members of **your** Pleasant Valley Fire Department care about **our** community and are willing to do whatever we can to protect **everyone's life and property**.

The members of the Pleasant Valley Fire Department, along with the members of all fire departments are a **Brotherhood** that all work together toward the same common goal! We hope you decide to join our **family** and help us protect the town that we all love.

If you have any questions, please feel free to talk to any of our members or stop by either station. We would be happy to talk to you!

Thank you for your support!

PLEASANT VALLEY FIRE DISTRICT

1619 Main Street • P.O. Box 417 • Pleasant Valley New York 12569

APPLICATION FOR MEMBERSHIP WITH A FIRE DEPARTMENT

NOTE: 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)*

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 five years)***

_____

CITY: _____ STATE: _____ ZIP: _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____

DRIVER'S LICENSE NUMBER: _____ _____ _____
(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 above listed Fire Department)***

_____ _____ _____
(FIRE DEPARTMENT OFFICER'S SIGNATURE) ***(CLEARLY PRINT NAME & TITLE)*** ***(DATE)***

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www.pvfdny.org

Application for Membership

1. _____ _____ _____ _____
(Last Name) (First Name) (M.I.) (Social Security Number)

2. _____
(Address) (Apt. /Suite No.)

_____
(City, Town, Village) (State) (Zip Code)

3. Telephone: (____)_____ (____)_____ _____
(Home) (Work) (E-MAIL Address)

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

5. How long have you lived in New York State? Years:_____ Months:_____

6. Are you 18 years of age or older? Yes _____ No _____ if "No" state you age. _____

7. Is additional information about a change in your name or your use of an assumed name or nickname necessary to enable a check on your eligibility for membership? Yes_____ No_____ If "Yes", explain.

_____

_____

8. Are you a U.S. citizen? Yes_____ No_____ If not a citizen, are you a legal resident? Yes_____ No_____

9. Are you currently employed? Yes_____ No_____ If "Yes" give employer information below.

_____

May we contact your employer as a reference? Yes_____ No_____

10. Do you have a valid New York State Driver's License? Yes_____ No_____ License Number: _____
Expires:_____ License Class: _____ Restrictions:_____
Has your driver's license ever been revoked or suspended? Yes _____ No_____

11. Please indicate your availability to participate in normally required fire department activities (meetings, drills, and emergency calls). Please check appropriate time periods.

Week Days:

Days _____ Evenings _____ Nights _____

Weekends:

Days _____ Evenings _____ Nights _____

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12. Previous emergency services: (include only fire, rescue, police and emergency medical service agencies).

Name of Agency _____

Address _____

_____

Contact Person _____ Telephone _____

(If more space is needed, please identify on a separate sheet)

13. Have you ever been a member of the United States Armed Forces? Yes _____ No _____
If the answer is "Yes", did you receive a dishonorable discharge? Yes _____ No _____
Dishonorable discharge is not an absolute bar to membership. This and other factors will effect a final membership decision.
If the above answer is "Yes", give complete details in the space provided for additional information (include service branch and service dates)_____

_____

14. Have you ever been convicted or pled guilty to a felony, misdemeanor, insurance fraud, arson, or a reduction of one of offences? Yes _____ No _____ If "Yes" give details in the space provided. _____

_____.

15. Please list 3 personal references, *other than members of this organization,* who have known you for at least 3 years.

A. Name: _____ Telephone #: _____

B. Name: _____ Telephone #: _____

C. Name: _____ Telephone #: _____

16. Please list the names of any acquaintances that are members of this organization:

_____

_____

17. Have you ever previously applied for membership in, or been a member of, this or any other fire department, ambulance corps, or similar organization? Yes _____ No _____ If "Yes" please list agency and date of service or application on page 3.

18. OSHA regulations require that you pass a physical examination before becoming a firefighter. The department's designated physician will provide you with a free medical examination. Will you be willing to undergo a medical examination?
Yes _____ No _____

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Emergency Contact Information

Emergency Contact – 1

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

Emergency Contact – 2

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

Additional Information

_____

_____

_____

_____

I hereby affirm, under penalty of penalty of perjury, that all the information provided on this application is truthful and accurate. I understand that each statement will be investigated. Any inaccurate, falsified, or misleading statement or answer, whether by commission or omission, may result in rejection of this application or dismissal from the Pleasant Valley Fire District.

_____ _____

Applicant's Signature Date of Application

Subscribed and Sworn to
Before Me, This _____ Day
Of _____, 20 _____.

_____

(Notary Public)

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Freedom of Information Law Notice: All information 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 authority to request and confirm personal information about you is found in Article 6 of the New York State 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 and your potential supervisors;

Be maintained in your personal file (if you become a member of the Pleasant Valley Fire District) or in our file for six months (if you are not a district member).

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

The information being collected will be maintained by the Pleasant Valley Fire District Investigation Committee and the Board of Fire Commissioner's, 1619 Main St. P.O. Box 417, Pleasant Valley, New York 12569. (845) 635 – 2117

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**********DO NOT WRITE IN THE SPACE BELOW**********

Applicant applying for membership in, P.V.F.D. Co. #1 _____ S.P.F.D. Co. #1 _____

Date completed application received: _____

Date applicant proposed to company: _____

Date of interview: _____ Approved: _____ Disapproved: _____

Date applicant voted on by company: _____ Approved: _____ Disapproved: _____

Date of physical: _____ Cleared: _____ Denied: _____

Date of arson check: _____ Cleared: _____ Denied: _____

Date applicant presented to the Pleasant Valley Fire District Board of Commissioners: _____

Approved: _____ Disapproved: _____

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APPLICANT'S AUTHORIZATION FOR RELEASE OF INFORMATION

In order to confirm the information I supplied on my application for membership with the Pleasant Valley Fire District, I authorize all licensing agencies, educational institutions, law enforcement agencies, present and former employers, and the military services to disclose their relevant records about me to the Pleasant Valley Fire District whether the information be of public, private or confidential nature; and I release them from liability and responsibility from doing so.

This authorization, in original copy form, shall be valid for this and any future information, reports or updates that may be requested.

I understand that this form will accompany requests for official documents and confirmations of my credentials.

_____ _____

Applicant Name (Please Print) Applicant's Signature Date

Subscribed and sworn to
Before Me, This _____ day
Of _____, 20 _____.

_____

(Notary Public)

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Parental Permission
(Under 17 Only)

I _____ give my son/daughter _____ permission
(Print Name) (Print Name)
to join the Pleasant Valley Fire District. I give the Pleasant Valley Fire District permission to check with my son/daughter's school to ensure that a "C" average is maintained.

I further certify that my son/daughter is medically and physically fit to undertake the strenuous activities of a firefighter, and that, to my knowledge, is not suffering from any contagious or infectious disease, or any medical or dental condition or disability likely to interfere with or be aggravated by firefighting activities.

_____
Signature of parent or guardian

State of:

County of:

On this _____ day of _____, 20 _____,
personally appeared before me this said named _____.
to be known and known to me to be the person described in and who executed
the foregoing instrument and _____ acknowledged that _____
executed same, and being duly sworn by me made oath that the statements contained
herein are true.

_____
(Notary Public)

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Application for Membership

1. _____ Date: _____
(Last Name) (First Name) (M.I.)

2. _____
(Address) (Apt./Suite No.)

_____
(City, Town, Village) (State) (Zip Code)

3. Telephone: (_____) _____ (_____) _____
(Home) (Work)

To Be Filled out by Investigating Committee

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: Pleasant Valley Fire District

FIRE CHIEF NAME: Jeffrey Hickman SIGNATURE:

ADDRESS: 1619 Main St P.O. Box 417
Pleasant Valley, New York 12569

TELEPHONE NUMBER: (845) 635-9350 FAX NUMBER: (845) 635-4288

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