

PLEASANT VALLEY FIRE DISTRICT

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

The [Pleasant Valley Fire District](http://www.pvfdny.org) 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 District is:

- Must be 16 years 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 saves lives or a driver

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

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

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

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

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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 (30 yrs 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 District** 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 District**, 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 • www.pvfdny.org



APPLICATION FOR MEMBERSHIP WITH A FIRE DISTRICT

***Note: THIS APPLICATION MUST BE SIGNED BY THE APPLICANT AND
AN OFFICER OF THE ABOVE LISTED FIRE DISTRICT***

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 (5) 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 Name) (Clearly PRINT Name) (Date)

**WITNESSED BY: ("Witness" MUST be an Officer of the above named listed
Fire District)**

(Fire District Officer's Signature) (Clearly Print Name) (Title)

Date: _____

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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 () Email:

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 your 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).

Weekdays: 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 _____

13. Have you been a member of the United States Armed Forces? Yes ☐ No ☐

If 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 include service branch and service dates. _____

14. Have you ever been convicted or plead guilty to a felony, misdemeanor, insurance fraud, arson, or a conviction of one of these offenses? Yes ☐ No ☐ If "YES" give details.

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

1. Name: _____ Telephone#: _____

2. Name: _____ Telephone#: _____

3. 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 and other fire department, ambulance corps, or similar organization?

Yes ☐ No ☐ If "YES", please list agency(s) and dates of service.

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

Last Name _____ First Name _____ Relationship _____

Address _____ (Apt./Suite No.) _____

City _____ State _____ Zip Code _____

Home Phone: _____ Mobile: _____ Work Phone: _____

Email: _____

Emergency Contact 2

Last Name _____ First Name _____ Relationship _____

Address _____ (Apt./Suite No.) _____

City _____ State _____ Zip Code _____

Home Phone: _____ Mobile: _____ Work Phone: _____

Email: _____

ADDITIONAL INFORMATION

I hereby affirm, under 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 statements 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 obtained herein, will remain confidential and will be used only for internal membership processing.

Privacy Notification: Section 94 of the Public Offices 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**, at 1619 Main Street, P.O. Box 417, Pleasant Valley, New York 12569. T. 845-635-2117

DO NOT WRITE IN THE SPACE BELOW.

Applicant's applying for membership in the 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 18 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's 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 conditions or disability likely to interfere with or be aggravated by firefighting activities.

Signature of parent or guardian _____

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 _____

executes 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

To be filled out by Investigating Committee

Date: _____

Last Name _____ First Name _____ M.I. _____

Address _____ (Apt./Suite No.) _____

City _____ State _____ Zip Code _____

Home Phone: _____ Mobile: _____ Work Phone: _____

Email: _____



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.

A. DATE:

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.

B. REQUESTING VOLUNTEER FIRE DEPARTMENT

DEPARTMENT NAME: Pleasant Valley Fire District

FIRE CHIEF NAME: Walter J. Cronk

SIGNATURE:

ADDRESS: 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.

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

RESULTS OF INQUIRY