

Jamesport Fire District

John K. Apicello - Chairman

Leroy Anthony, Vice Chairman

Thomas Brady

Robert Sikora

Joel Lazarus



Treasurer-Paul Epperlein

Secretary - Betsy Johnson-Patrick

JAMESPORT FIRE DEPARTMENT CONDITIONS FOR MEMBERSHIP (Revised April 15, 2014)

1. Good Physical and Mental Condition (OSHA Physical Required)
Physical must be completed prior to acceptance by the Board of Fire Commissioners.
2. Must reside in Jamesport, Riverhead or Mattituck district but must reside within one (1) mile of the Jamesport Fire District Boundary, or if you reside in Mattituck or Riverhead, members may also qualify if they are employed within the boundary of the Jamesport Fire District.
3. **MUST** obtain Suffolk Firefighter Training Certificate within 18 months. If applicant is seeking to go into Fire Police (Co. # 4), said applicant must complete Scene Support Ops or Fire Police Course through Suffolk County Fire Academy within 18 months.
4. Must be 18 years of age. Under 21, must have Parent/Guardian Permission and Signature.
5. Must provide proof of High School Diploma or GED
6. Understand obligations of being a member and adhere to:
 - A. Company By-Laws and Requirements
 - B. Association By-Laws and Requirements
 - C. Chief's By-Laws and Requirements
 - D. District By-Laws and Requirements
 - E. Chiefs' and Officers' Orders and Details

REQUIRED MEETINGS AND DRILLS

Association Meeting---1st Monday of Month
Company # 1----2nd Tuesday after 1st Monday
Company # 2----1st Thursday after 1st Monday
Company # 3----2nd Monday
Company # 4----1st Friday after 1st Monday
Department Drills
Memorial Inspection/Service
ALL General Alarms
Parades/Funerals

Membership in the Rescue Squad is Optional--Meetings are held 4th Monday

APPLICATION FOR MEMBERSHIP

**Jamesport Fire District
25 Manor Lane
Jamesport, NY 11947**

Date _____

1. Name: _____
2. Street Address: _____
3. Mailing Address: _____
4. E-mail Address: _____
5. Telephone: Home _____ Cell _____ Work _____
6. Social Security Number _____ Date of Birth _____
7. Name of Spouse: _____
8. How long have you resided at the above address: Years ____ Months ____
9. How long have you resided in the New York State: Years ____ Months ____
10. Are you 18 years of age or older? Yes ____ No ____ If no, state your age ____
11. 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 or membership?
Yes ____ No ____
12. Are you currently employed? Yes ____ No ____ If yes, give employer information below. May we contact your employer as a reference? Yes ____ No ____

Name of Company _____

Address _____

Telephone _____

13. Do you have a valid New York State Driver's License? Yes ____ No ____
****If YES, ATTACH PHOTOCOPY OF LICENSE****

14. 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 ____

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

Name of Agency: _____

Address: _____

Contact Person: _____

Telephone: _____

Have you ever been denied a position with another Volunteer Fire/EMS or any other Organization? Yes ____ No ____

16. Have you ever been a member of the United States Armed Forces? Yes ____ No ____

If Yes, did you receive an honorable discharge? Yes ____ No ____

A dishonorable discharge is not an absolute bar to membership. This and other factors will affect a final membership decision. If a dishonorable discharge, please give complete details in the space provided for additional information on the last page (include copy of discharge papers, service branch and service dates).

17. Have you ever been convicted or plead guilty to a felony, misdemeanor, insurance fraud, arson, or a reduction of one of these offenses? Yes ____ No ____

18. Do you agree to be tested for drugs or alcohol as part of your application for membership? Yes ____ No ____

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

Name: _____

Address: _____

Telephone: _____

Name: _____

Address: _____

Telephone: _____

Name: _____

Address: _____

Telephone: _____

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

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

Additional Information:

Within the Freedom of Information Law, all information contained or obtained herein will remain confidential and will be used only for internal membership processing.

IN WITNESS WHEREOF, this application has been subscribed this ____ day of _____, 20____, by the undersigned applicant who affirms that the statements made herein are true under the penalties of perjury.

Applicants Signature: _____ Date: _____

Witnessed by: _____ Date: _____



APPLICANT’S AUTHORIZATION FOR RELEASE OF INFORMATION

In order to confirm the information I have supplied on my application for membership with the Jamesport Fire District, Fire Company, 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 Jamesport Fire District whether the information be of public, private or confidential nature; and I release them from any 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 confirmation of my credentials.

Applicant’s Name (print)

Applicant’s Signature

Date

Witnessed by:

Name and Title (print)

Signature

Date

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 on you is found in Article 6 of the Executive Law.

The information obtained will:

- A. Be used to determine your qualifications for the position for which you are applying;
- B. Be released to the Fire Chief and your potential supervisors; and
- C. Be maintained in your personal file (if you become a fire company member) or in our resume file for six months (if you are not a fire company member).

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

The information will be maintained by the Fire District Secretary of the Jamesport Fire District, 25 Manor Lane, Jamesport, NY 11947. Phone: (631)722-0027

I Hereby CERTIFY that the answers to ALL questions in the Membership Application are TRUE to the best of my knowledge and belief, and I consent to a Physical Examination at the expense of the Jamesport Fire District, as a condition of acceptance as a member of the Jamesport Fire Department.

Signature

Signature of Parent/Guardian
(if under age 21)

Interviewed by Membership Committee:
(minimum of 2 signatures required)

Assigned to Company # ____ by Chief/Assistant Chief _____

Accepted as a Member of the Jamesport Fire Department by the Board of Fire Commissioners on the
____ day of _____, 20 ____.

Commissioners:

Chairman

Secretary