



Union Vale
Fire District
Membership
Application
Packet

**Union Vale Fire District
PO Box 21
Verbank, NY 12585**

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 (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 Department)

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

Date: _____

**Union Vale Fire District
PO Box 21
Verbank, NY 12585**

Today's Date: _____

Name: _____

Email: _____

Legal Address: _____

Mailing Address:
(if different) _____

Phone Number:

Home: _____

Cell: _____

Social Security Number: _____

Date of Birth: _____

Driver's License Number: _____

Class / Type: _____

Expiration Date: _____

If you have, please fill in:

Fire Cert Number: _____

EMS Cert Number: _____

EMS Level: _____

Expiration Date: _____

Prior Experience: _____

References: Name: _____ Phone: _____

Name: _____ Phone: _____

Application for Membership for the Union Vale Rescue Squad

(Please print)

Name: _____

Phone number: _____

Cell Number: _____

Email Address: _____

Mailing Address: Street: _____

PO Box _____ State _____ Zip _____

Date of Birth _____

EMT Number (if an EMT): _____

Other Fire Departments / Rescue Squads and Positions held:

You need to realize that operations within the Rescue Squad can be hazardous. You will be required to undergo specific training at the expense of the Fire Department. An applicant must hold a current and valid First Aid, New York State EMT or New York State CFR card, or be a student in a New York State First Responder (CFR) or Emergency medical Technician (EMT) course.

The above may be waived by the Assistant Chief of Rescue.

All of the above is true and accurate. I agree to attend all required classes and will obey all rules and regulations of the Union Vale Rescue Squad.

Signature: _____

Date: _____

Investigation Committee: APPROVED / DISAPPROVED

Committee's Signatures:

Squad Vote: YES _____ NO _____ ABSTAIN _____



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:

FIRE CHIEF NAME:

SIGNATURE:

ADDRESS:

TELEPHONE NUMBER:

FAX NUMBER:

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 _____

RESULTS OF INQUIRY

- 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

Bylaws of the Union Vale Fire Company Inc. 2021

**UNION VALE FIRE COMPANY RULES AND REGULATIONS
FOR ACTIVE FIREFIGHTERS 16 TO 18 YEARS OF AGE**

Firefighters in this category will:

1. Not be permitted to consume any alcoholic beverage of any kind on Company property or at any Company functions of any measure. Violations of this rule will mean immediate dismissal from the Company.
2. Be directly responsible to the Chief, Assistant Chiefs, or the Officer-In-Charge in regard to their behavior in the engine room, at fires, drills, parades and all emergencies.
3. Obey all traffic laws and control their cars going to and from the firehouse, fires, and emergencies of any kind. The Fire Company will not be responsible or tolerate violations by its members.
4. Not be permitted to drive any Company fire apparatus. When riding in any fire apparatus, Firefighters will do so only in the cab.
5. Not enter a burning building, burning field, or danger area unless so directed by the Officer-In-Charge.
6. Not authorized to use a blue light until their 18th birthday.
7. Not be permitted in the firehouse with a nonmember unless an active member over the age of 18 is present.
8. Meet all basic minimum requirements for active Firefighter and obey all rules and regulations which are in effect.
9. Must have parent's written approval to join the Fire Company.

I have read the above Rules and Regulations and give permission for my son/daughter to join the Union Vale Fire Company.

I further understand the activities in which my son/daughter will be participating and give my permission for my son/daughter to participate in all the activities of the Union Vale Fire Company and Union Vale Fire District.

Signature of Parent or Guardian

Date

I have read and understand the above Rules and Regulations and will comply with them as a 16-18 year old Firefighter.

Signature of 16-18 year old

9/21/2021

Appendix One

ACTIVE MEMBER STATUS REQUIREMENTS

#A-083

Date amended: July 8, 2015

To become an active member of the Union Vale Fire District you must:

1. Get approval through the Union Vale Fire Company
2. Have the appropriate physical by the Union Vale Fire District's Vendor, which includes passing a drug screen
3. A Background check will be done
4. Supply the secretary with the appropriate forms

To maintain an active status in the Union Vale Fire District the member must meet all of the requirements below. In addition, the following requirements must be completed.

1. Comply with the minimum requirements for the category of membership (i.e. Interior, Exterior, EMT, Driver, Fire Police)
2. Comply with the rules and requirements of Fire Company Bylaws
3. By November 1, you need a physical by the Union Vale Fire District's Vendor or by your primary physician or a walk-in medical clinic, per district policy. If outside Vendor, you must supply paperwork to Secretary by the end date
4. By November 30, applicant needs to have met the Best Practice Guidelines for Fire District Training
5. Have responded to a minimum number of calls depending on date you become active in the year

Need # calls	date active
15	Jan. 1 st
15	Feb. 1 st
14	Mar. 1 st
13	Apr. 1 st
12	May 1 st
11	Jun. 1 st
10	Jul. 1 st
8	Aug. 1 st
6	Sep. 1 st
4	Oct. 1 st
3	Nov. 1 st
2	Dec. 1 st

6. Participate in a minimum number of drills and/or training classes by December 31 depending on active date

# drills/training	date active
3	Jun. 1 st
2	Oct. 1 st
1	Dec. 1 st

7. Participate in a minimum of truck checks or work details by December 31 depending on active date

#TC or WD	date active
3	Jun. 1 st
2	Oct. 1 st
1	Dec. 1 st

8. All members currently in High School must present a copy of every report card to the Chief. If the majority of grades are below 70 and/or there are excessive absences, then the member may be suspended until the grades and/or absences improve

If an active Firefighter has extenuating circumstances (e.g. overtime work, college, medical, state fire courses, or military leave) and fails to meet their minimum requirements, a letter shall be sent to the Board of Fire Commissioners by November 30 so the Board can approve or disapprove the request at the December meeting.

If a firefighter has been removed from active status due to delinquency or wants to change status from social to life to active, the person must wait a full calendar year before being considered for approval by the Board of Fire Commissioners. The Board of Fire Commissioners may also require the member to attend additional training.

All LOSAP records will be on the calendar year and recorded on forms provided.