SALTAIRE VOLUNTEER FIRE COMPANY, INC.

MEMBERSHIP APPLICATION

PLEASE PRINT ALL INFORMATION IN BLOCK CAPITAL LETTERS

Membership Classification

❑ **FIREFIGHTER** ❑ **FIRE-MEDIC** (EMS Only) ❑ **AUXILLIARY** (Administrative)

Personal Information

Last Name:	First Name:	Middle Name:	Maiden Name:
Current Address:		City:	State: / Zip:
Fire Island Address:		City:	State: NY / Zip: 11706
Fire Island Phone: ( )	Day Phone: ( )	Evening Phone: ( )	Email Address:
Date of Birth (MM-DD-YYYY):	Place of Birth:	Sex: ❑ Male ❑ Female	Age: / U.S. Citizen: ❑ Yes ❑ No
Driver's License No:	Driver's License Class:	Social Security No:	Is Saltaire Your Legal Address? ❑ Yes ❑ No
Marital Status: ❑ Single ❑ Married ❑ Divorced ❑ Widowed		Spouse / Partner's Name:	

Firefighting and/or EMS Experience and Training

Have you ever been a member of the Saltaire Volunteer Fire Company, Inc.? ❑ Yes ❑ No		From:	Until:
Are you currently a member of another Fire or EMS Department? ❑ Yes ❑ No			
Fire/Rescue Department Name:	City, State, Zip:	From:	Until:
Have you previously been a member of another Fire or EMS Department? ❑ Yes ❑ No			
Fire/Rescue Department Name:	City, State, Zip:	From:	Until:

Current Certifications

Indicate certification, level, and provide copies of all certificates and ID cards or other credentials (e.g. FF-I, CPR, CFR, EMT-B, etc.)

Certification-1:	Awarded:	Expires:	Certification-2:	Awarded:	Expires:
Certification-3:	Awarded:	Expires:	Certification-4:	Awarded:	Expires:

FD USE ONLY – DO NOT WRITE IN THE SPACE BELOW

Date Application Received:	Date of Interview:	Interviewed By:	Date Elected to Membership:
Date of Medical Exam:	Medical Exam Results: ❑ Class-A ❑ Class-B ❑ Fail	Drug Screening: ❑ Pass ❑ Fail	Background Check: ❑ Clear ❑ N/C
Date FF-1 or EMT Awarded:	Candidate Period Ended:	Date House Key Issued:	PASS/ID Number:
Date SOGs Issued:	Date By-Laws Issued:	Date HBV Vaccine Completed:	Sponsoring Member:
Comments:			

Employment History & Military Service

Present Employer:	Position:	How Long With Present Employer:	
Employer's Address:	City:	State:	Zip:
Military Service: From: To:	Branch:	Type of Discharge:	

Education

High School:	State:	Degree Earned:	Date of Degree:
College:	State:	Degree Earned:	Date of Degree:
Graduate School:	State:	Degree Earned:	Date of Degree:

Background Information

If you answer "Yes" to any of the following, please explain and provide details and copies of official documents on a separate page.

Question		
Have you previously received any firefighting or EMS education?	❑ Yes	❑ No
Has your application to any volunteer Fire or EMS Department ever been rejected?	❑ Yes	❑ No
Have you ever been convicted for any misdemeanor, felony, or arson in any degree?	❑ Yes	❑ No
Have you ever been arrested for DUI, DWI, or similar charge?	❑ Yes	❑ No

List all nicknames and aliases:

Skin Tone: ❑ Light ❑ Medium ❑ Dark

Racial Appearance: ❑ White ❑ Black ❑ Hispanic ❑ Asian ❑ Other__________

Medical Information

Does your medical history include any issue[s] with: ❑ Hearing ❑ Vision ❑ Seizures ❑ Asthma ❑ Cardiac ❑ Fainting/Dizziness

Question		
Do you have any physical conditions that might affect your ability to perform the required duties?	❑ Yes	❑ No
Do you have any psychological conditions that might affect your ability to perform the required duties?	❑ Yes	❑ No

List any distinguishing marks, scars, or tattoos, and bodily location:

Personal Statement

Briefly explain why you want to join the SVFC and be a Firefighter, EMT or Auxiliary Member. Please include any special skills or experience.

Emergency Contact Information

Last Name, First Name:	Relationship:	Day Phone: ( )	Evening Phone: ( )
Last Name, First Name:	Relationship:	Day Phone: ( )	Evening Phone: ( )

Statement of Veracity

Review your answers carefully and read the statement below prior to signing:

I (PRINT NAME) _______________________________________ hereby make application for membership in the Saltaire Volunteer Fire Company, Inc. (the "SVFC"). I represent and warrant that the answers I have given are complete and true to the best of my knowledge and belief. I further acknowledge that I have read and understood the questions regarding criminal records and my background, that I have answered these questions thoroughly and truthfully, and that I authorize the SVFC to conduct a security, criminal, and/or driving background check while processing my application and at anytime in the future during my service.

I promise to obey the rules and regulations governing the SVFC and any lawful order given to me by a duly authorized officer of the SVFC. I further agree to maintain all property of the SVFC issued to me, and to ensure the return of the same in proper working order upon completion of my service to the SVFC.

I understand that in order to be eligible for membership with the SVFC I must resign from active duty with any other volunteer fire department/company in New York State, and that failure to answer all questions completely and truthfully will subject me to dismissal from the Saltaire Volunteer Fire Company, Inc.

_______________________________________ _______________________________
APPLICANT'S SIGNATURE DATE

_______________________________________ _______________________________
SPONSORING MEMBER'S NAME AND SIGNATURE DATE

Should you have any questions concerning this application, please call the SVFC at 631-583-9507. Please do not return your application by fax. Completed Applications including all supporting documents, copies of certifications, etc. may be hand delivered to the sponsoring member or mailed to:

SALTAIRE VOLUNTEER FIRE COMPANY
Attn: Membership Applications
P.O. Box 5375
Bay Shore, NY 11706

SALTAIRE VOLUNTEER FIRE COMPANY, INC.

P.A.S.S. INFORMATION

CONFIDENTIAL

DATE: ____________ **PASS NUMBER:** ______

Last Name:	First Name:	Middle Init:	Social Security No:

Drug Allergy-1:	Drug Allergy-2:	Drug Allergy-3:

Current Medication-1 / Dosage:	Current Medication-2 / Dosage:	Current Medication- / Dosage:

Medical History:

DOB (MM-DD-YYYY):	Blood Pressure:	Resting Pulse Rate:	Respiratory Rate:	Blood Type:

Height:	Weight:	Gender:	Organ Donor:	Religion:
		❑ M ❑ F	❑ Yes ❑ No	

EMERGENCY CONTACTS:

Physician - Last Name:	Physician - First Name:	Phone:	
Person - Last Name:	Person - First Name:	Relationship:	Phone:

THE INFORMATION FROM THIS FORM WILL BE USED ON YOUR P.A.S.S. TAG[s]
THE TAG[s] WILL BE LAMINATED AND SEALED AND WILL BE OPENED
ONLY IN CASE OF MEDICAL EMERGENCY, SERIOUS INJURY, OR DEATH.
YOU ARE RESPONSBILE FOR THE ACCURACY OF THIS INFORMATION IN THE FUTURE

ALL INFORMATION MUST BE COMPLETED PRIOR TO ACCEPTANCE OF APPLICATION

SALTAIRE VOLUNTEER FIRE COMPANY, INC.

P.O. BOX 5375
BAY SHORE, NY 11706

TEL: 631.583.8396
FAX: 631.583.9631

SALTAIRE, FIRE ISLAND, NEW YORK

DATE: ______________________________

Suffolk County Correctional Facility
Attn: Communications
100 Center Drive
Riverhead, NY 11901

I hereby authorize the Suffolk County Sheriffs Office to perform an arson, arrest, and driving background investigation, including sealed records (if any), and I authorize the release of this information directly to the Chief of the Saltaire Volunteer Fire Company at the above address.

NAME: ______________________________________

ADDRESS: ______________________________________

____

DATE OF BIRTH: ______________________________________

SOCIAL SECURITY #: ______________________________________

SIGNED: ____

Saltaire Volunteer Fire Company, Inc.

HEPATITIS-B VACCINE
CONSENT / DECLINATION / VERIFICATION FORM

CONSENT
(IF YOU WANT TO RECEIVE VACCINE FROM THE SFD)

I understand that due to my occupational exposure to blood or other potentially infectious materials puts me at risk for acquiring Hepatitis-B virus, and I acknowledge that I have the right to receive the Hepatitis-B vaccination series from the Saltaire Volunteer Fire Company, Inc. at no cost to me. I understand that I must receive 3 doses at specific intervals to develop immunity. As with any medical treatment, there is no guarantee that I will become immune or that I will not suffer adverse side effects from the vaccine. I accept the offer for Hepatitis-B vaccination at this time. I have read the information on Hepatitis-B as provided.

MEMBER NAME ______________________ SIGNATURE ______________________ DATE ______________

VACCINATION RECORD				
	DATE	LOT NUMBER	EXP DATE	GIVEN BY
1ST DOSE				
2ND DOSE				
3RD DOSE				

DECLINATION
(IF YOU DO NO WANT VACCINE AND HAVE NEVER BEEN VACINATED)

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring Hepatitis-B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis-B vaccine, at no charge to me. However, I decline the Hepatitis-B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis-B, a serious disease. If in the future, I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis-B vaccine, I can receive the vaccination series at no charge to me.

MEMBER NAME ______________________ SIGNATURE ______________________ DATE ______________

VERIFICATION
(IF YOU HAVE PREVIOUSLY BEEN VACCINATED)

I verify that I have received the Hepatitis-B vaccination series on:

1st Dose: ________________ , 2nd Dose: ________________ , 3rd Dose: ________________,

through the auspices of ______________________________________ (FACILITY NAME).
This information is true and correct to the best of my knowledge.

MEMBER NAME ______________________ SIGNATURE ______________________ DATE ______________

WITNESS

MEMBER NAME ______________________ SIGNATURE ______________________ DATE ______________