

(This side for official use only; do not write below)

Applicant's Full Name: _____.

Date Application Received: _____ \$5 Fee: Y N

Release Received: Y N Date of Interview: _____.

This application has been reviewed and the applicant has been interviewed by those members of the Investigating Committee whose signatures appear below. Subject to receipt of an eligible finding in the arson background check, the Committee hereby provides to the general membership a recommendation of (circle one):

Favorable

Unfavorable

Print

Signature

Print

Signature

Print

Signature

Date Applicant's name posted: _____.

Arson background check result (circle one): *eligible* *ineligible*

Application first submitted by Investigating Committee to the Department membership at a general meeting on: _____.

By ballot vote of a simple majority of eligible members at a general meeting of the Department held on _____, the applicant was *accepted* *not accepted* to membership in Vista Fire Department, Inc. (Active members pending approval of the District Board).

Application submitted to Vista Fire District No. 1 on: _____.

District decision: *approved* *declined* Join Date: _____.

Applicant notified of result by Department letter dated _____.



Application For Membership

Vista Fire Department, Inc.

377 Smith Ridge Road
South Salem, New York 10590
www.vistafd.org

*Seven decades of emergency first response service
to the Vista Fire District community*

Vista Fire Department

We welcome your interest in applying for membership in Vista Fire Department!

Vista FD is an all-volunteer, not-for-profit organization dedicated to providing effective emergency services (fire, rescue, EMS) to the Vista Fire District community. We take our mission seriously!

Yes, we seek individuals who can advance a hose line into a burning building, staunch the bleeding of a patient, drive an ambulance, or operate a pumper. In a genuine emergency, lots of able hands are needed. If you are willing and able, we'll provide the emergency services training.

But we also seek members with expertise in accounting, communication, computers, finance, food preparation, grant writing, law, marketing, public relations, and numerous other skills to help us in areas other than direct emergency operations. Most importantly, we seek individuals with a willing, can-do attitude who can reliably contribute to a team.

Although membership is voluntary, we consider it a commitment. All members are expected to attend meetings and to maintain proficiency at their role within the Department. In addition, Active members are expected to drill weekly and respond to emergency calls. You won't mistake us for a social club – this is a serious, disciplined, sometimes life-saving, endeavor. We believe you will find participation in Vista FD to be an extraordinarily challenging and satisfying experience.

Vista Fire Department, Inc. does not discriminate on the basis of race, color, creed, national origin, sex, marital status, religion, or freedom from disability.

New York State law prohibits individuals from membership in volunteer fire companies who have been convicted of, or pled guilty to, the crime of arson.

Vista Fire Department

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 Executive Law.

The information obtained will be:

- Used to determine your qualifications for the position for which you are applying;
- Released to the chief and your potential supervisors; and
- Maintained in your personnel 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 Secretary of Vista Fire Department, Inc., 377 Smith Ridge Road, South Salem, New York 10590, telephone number 914-533-2727.



In accordance with the by-laws of Vista Fire Department, Inc., I hereby propose for membership _____,

whom I have known personally for _____ years.

Proposer Name: _____.

Proposer Signature: _____.

Vista Fire Department

(Use additional sheets as needed for thorough explanation)

_____.

_____.

_____.

_____.

_____.

_____.

_____.

I hereby agree that, in the event of my election to membership, I will comply with the mission, by-laws, and policies of Vista Fire Department, Inc.

Signature of Applicant: _____.

Parent Signature (if Applicant <18): _____.

Date: _____.

Please include an application fee of \$5 which includes first year dues.

Vista Fire Department

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

(Please type or print legibly)

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

2. _____.
(Street Address)

3. _____.
(Town) (State) (Zip Code)

4. () – _____ . () – _____ .
(Home Telephone) (Work Telephone)

5. () – _____ . _____ .
(Cell Telephone) (Carrier)

6. _____.
(E-mail Address)

7. Are you 18 years of age or older? (Circle one) Yes No

If No, provide your age: _____.

8. How long have you resided at the above address? _____.

9. Do you have a drivers license valid in New York State? (Circle one)

Yes

No

Vista Fire Department

10. Is additional information about a change in your name, or use of an assumed name or nickname, necessary to enable a check on your eligibility for membership? (Circle one) If yes, explain on page 6.

Yes No

11. Are you currently employed/student? (Circle one) Yes No

12. May we contact your employer/school as a reference? Yes No

13. If Yes, provide employer/school information below:

(Company/School Name)

(Street Address)

(City, State, Zip Code)

(Supervisor/Guidance Councilor) () -
(Telephone)

14. Have you ever been a member of the United States Armed Forces? (Circle one)

Yes No

15. Did you receive a dishonorable discharge from the United States Armed Forces? (Circle one) If yes, explain on page 6.

Yes No

Vista Fire Department

16. Have you ever been convicted of, or pled guilty to, a felony, misdemeanor, insurance fraud, arson, or to a reduction of one of these offenses? (Circle one) If yes, explain on page 6.

Yes No

17. Indicate which Membership Category you are applying for. (Circle one)

Active Resident Associate

18. All Active members must pass a physical medical examination satisfactory to Vista FD's designated health care professional before participating in emergency service operations (or training) and annually thereafter. The examinations will be provided free of charge to members. Will you be willing to undergo these medical examinations? (Circle one)

Yes No

19. Use page 6 to identify any previous emergency services experience. Include only fire, rescue, emergency medical service, and police agencies. Provide complete contact information.

20. Provide a personal reference, other than a relative or Vista FD member, who has known you for at least three years.

(Name)

(Street Address)

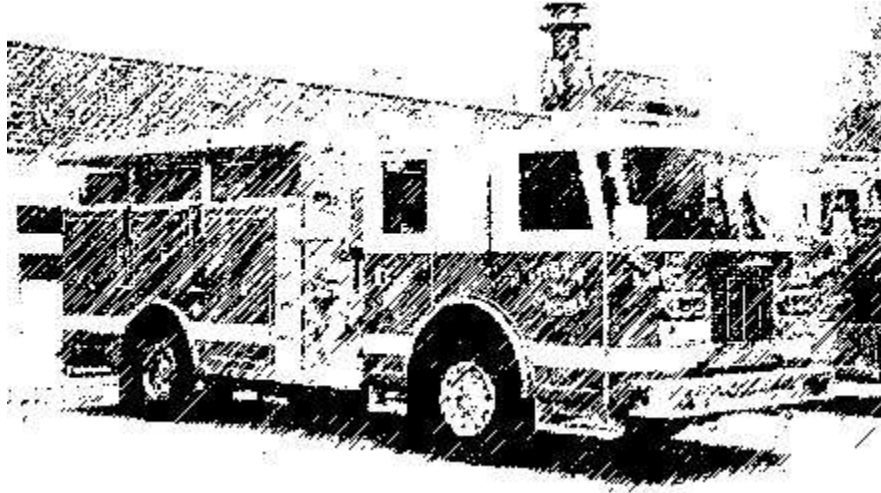
(City, State, Zip Code) () -
(Telephone)



Vista Fire Department, Inc.

www.vistafd.org

377 Smith Ridge Road, South Salem, New York 10590 Tel: 914-533-2727 Fax: 914-533-2853



APPLICANT'S AUTHORIZATION FOR RELEASE OF INFORMATION

In order to confirm the information I supplied on my application for membership to Vista Fire Department, Inc. ("the 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 Fire Company whether the information be of public, private, or confidential nature; and I release them from any liability and responsibility for doing so.

This authorization, in original form, shall be valid for this and any future information, reports, or updates that the Fire Company may request.

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

Applicant Name (*please print*)

Applicant Signature

Date

Witnessed by:

Witness Name and Title (*please print*)

Witness Signature

Date

Vista Fire Department, Inc. does not discriminate on the basis of race, color, creed, national origin, sex, marital status, religion, or freedom from disability.