



# RED HOOK FIRE COMPANY, INC.

P.O. Box 100 | Red Hook NY 12571

(845) 758-8706 | redhookfireco58@gmail.com

Dear Prospective Member:

We are pleased you are interested in becoming a member of the Red Hook Fire Company. We are seeking committed individuals who wish to contribute time and talent to the community as an active member of our organization. However, before you complete the attached application we urge you to read this letter completely so that you have an understanding of the application process and the level of commitment required.

To be considered an active member of the Company and receive the benefits of membership you must be at least 16 years old at the time of your application. All new members must complete a physical upon joining. The physical will be provided by the Fire Company's medical provider.

There are duty requirements for active members of the Company. Within the first six months of membership you must complete the new member orientation. Within the first year of membership you must complete the New York State Firefighter I training program for firematic membership, a NYS EMT or Certified First Responder course for rescue squad members, or a New York State Fire Police training program for fire police.

An active member is required to attend eight drills per year. Also one third of regular company meetings, this is approximately four meetings per year. You must meet all federal and state requirements.

Monday evenings at the fire house are designated for drills, maintenance, and cleaning of apparatus. As an active member it is your responsibility to attend as many as possible.

As you can see, becoming a volunteer Firefighter/EMT does not happen overnight. We believe it is important that you know fully the level of commitment that is necessary to become an active member. You need to be able to make an informed decision about whether you have the time and can make the commitment to become a member of the Red Hook Fire Company. While it may seem like a great deal of time, we try to schedule training and activities on evenings and weekends. As an emergency service provider, calls happen at all hours, you may be called to respond at anytime. This however should not be looked upon as a burden, but an opportunity to make a difference.

A representative from the membership committee is responsible for contacting you to set up a personal interview. Please read the attached application carefully and furnish all needed documentation.

Once your interview has taken place, your application will be presented to the members of the company for approval. The company meets on the first Tuesday of the month, and you will be contacted following the meeting regarding the decision.

We look forward to receiving your application. If you have any additional questions please feel free to call the firehouse, or stop by on a Monday night after 7pm.

Sincerely,

**Red Hook Fire Company, Inc.**



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## APPLICATION FOR MEMBERSHIP

Full name \_\_\_\_\_

Home address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Email address \_\_\_\_\_

Membership category      FIRE                      EMS                      FIRE POLICE  
*(Please check desired position)*

**Equal Employment Opportunity:** The Red Hook Fire Company is an Equal Opportunity organization. We do not discriminate on the basis of race, color, religion, national origin, age, gender, disability, sexual orientation, or any other status protected by law. It is our intention that all qualified applicants are given equal opportunity and that the selection decision is made by the members of the company. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination.

**To apply:** Complete and submit this official Red Hook Fire Company application. Only completed applications can be considered for further processing. We may wish to contact you by mail, telephone, or email, and it is your responsibility to make sure your contact information is correct and current. Applications will not be processed without all signatures.

**Once this form is completed and signed, mail it to the address above, return in person, or submit on-line.**

## PERSONAL INFORMATION

Name \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

Drivers License #: \_\_\_\_\_

Place of Birth (city, state) \_\_\_\_\_

Previous address if current is less than 5 years \_\_\_\_\_  
\_\_\_\_\_

Has your driver's license ever been suspended/revoked YES NO

If YES, please explain with dates \_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of, or plead guilty to, any crime other than a traffic citation in adult court? YES NO

If YES, please explain with dates \_\_\_\_\_  
\_\_\_\_\_

Do you have any physical impairment or special needs? YES NO

If YES, please explain \_\_\_\_\_  
\_\_\_\_\_

Allergies, if any \_\_\_\_\_

## EMERGENCY CONTACT

In case of emergency, please notify \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Contact Number \_\_\_\_\_

## FIRE & RESCUE EXPERIENCE

Have you ever applied to or been a member of this department before?    YES    NO

If YES, please give dates, and the circumstances under which you left the department:

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Have you ever served in another fire/rescue department?    YES    NO

If YES, please give the name and address of the department(s), dates of your service, and circumstances under which you left: \_\_\_\_\_

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State the highest rank you have held: \_\_\_\_\_

List any fire, rescue, EMS, or related classes you have taken including where you took the class. \_\_\_\_\_

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*(Please bring any previous training certificates to the meeting with the investigating committee.)*

## EMPLOYMENT HISTORY

### CURRENT EMPLOYMENT

Employer\_\_\_\_\_ Employer phone\_\_\_\_\_

Employer address\_\_\_\_\_

Occupation\_\_\_\_\_ Years\_\_\_\_\_

### PREVIOUS EMPLOYMENT

*(If current is less than one year)*

Employer\_\_\_\_\_ Employer phone\_\_\_\_\_

Employer address\_\_\_\_\_

Occupation\_\_\_\_\_ Years\_\_\_\_\_

## MILITARY BACKGROUND

Have you ever been a member of the U.S. Armed Forces? YES NO

If YES did you receive a Dishonorable Discharge? YES NO  
*(Please bring a copy of your DD-214 with you to your interview if discharged)*

## PERSONAL REFERENCES

Please list two personal references, other than members of this organization

Name\_\_\_\_\_ Phone\_\_\_\_\_

Name\_\_\_\_\_ Phone\_\_\_\_\_

## MEMBER REFERENCE

Member signature\_\_\_\_\_ ID#\_\_\_\_\_  
*(Application will not be processed without the signature of current member)*

## APPLICANT CERTIFICATION

I hereby certify that the statements contained herein are true and correct to the best of my knowledge. I understand that, should an investigation disclose material misrepresentation, omissions, or falsification, my application will be rejected, or, if I am a member, my membership and all rights and privileges thereof may be immediately terminated. My signature on this application indicates that I read the description for the volunteer positions available to me, and I understand the position of a firefighter, emergency medical services provider, or fire police personnel is physically challenging and that my membership is dependent on my successful completion of a physical examination and a receipt of a favorable background investigation. I further understand that this application form is not a guarantee of membership, nor an offer of membership.

I understand that an incomplete application will not be considered or processed further. I have read the statements above, and by my signature, agree to these provisions.

I understand that if I am under eighteen (18) years of age I will bring a parent or legal guardian to my initial interview with the Membership Committee, and I will include a letter of consent from my parent/guardian.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_  
(if under 18 years of age)



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## PRIVACY NOTIFICATION

Section 94 of the Public Officers Law (Personal Privacy Protection Law) requires that you be notified of the following facts when the 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.
- Be released to the Fire Chief and potential supervisors
- Be maintained in your personnel file (if you become a fire company member) in our records.

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

This information will be maintained by the Secretary of the Red Hook Fire Company, Inc., and will be available to you upon request.



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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 Red Hook Fire Company, Inc., I authorize all licensing agencies, education institutions, law enforcement agencies, present and former employers, and the military services to disclose their relevant records about me to the Red Hook Fire Company, Inc. whether the information be public, private or confidential in nature; and I release them from liability and responsibility for doing so.

This authorization in original 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:

Name \_\_\_\_\_ Date \_\_\_\_\_ *(Please print)*

Applicant signature \_\_\_\_\_

Witness:

Name and title \_\_\_\_\_ Date \_\_\_\_\_  
*(Please print)*

Witness signature \_\_\_\_\_





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## APPLICATION FOR MEMBERSHIP WITH A FIRE DISTRICT

### PERSONAL INFORMATION

(Please clearly print all information)

### AUTHORIZATION

I hereby authorize the Dutchess County Sheriff's Office, Detective Division to conduct an arson check regarding my application for a position of Volunteer with the above named fire department. Such arson check will be conducted as outlines in the Rules and Regulations of the Dutchess County Sheriff's Office for background checks and positions of volunteers with fire departments in Dutchess County.

Applicant:

Name \_\_\_\_\_ Date \_\_\_\_\_  
(Please print)

Applicant signature \_\_\_\_\_

Fire District Officer:

Name \_\_\_\_\_ Date \_\_\_\_\_  
(Please print)

Signature \_\_\_\_\_

## BENEFICIARY DESIGNATION FOR ACCIDENT & SICKNESS POLICY

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Complete this block each time this form is used. Please print.

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Name of Organization \_\_\_\_\_ State \_\_\_\_\_

Member's/Employee's Name \_\_\_\_\_ Member's Date of Birth \_\_\_\_\_

Date Member Joined Organization \_\_\_\_\_

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Complete, sign and date this block if you wish to name or change your beneficiary.

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I hereby designate the following beneficiary(ies) with respect to amounts payable as indemnity for loss of life under the referenced Accident & Sickness Policy and hereby revoke any designation of beneficiary thereunder heretofore made by me. I direct that any amounts payable under said policy to my beneficiary(ies) named below be paid to those of Primary Beneficiary who survive me, otherwise to those surviving in Contingent Beneficiary, in proportion to the percentages listed.

**PRIMARY BENEFICIARY:**

*(Please refer to back of form for examples)*

Name/Relationship \_\_\_\_\_ Date of birth \_\_\_\_\_ Share \_\_\_\_\_%

Name/Relationship \_\_\_\_\_ Date of birth \_\_\_\_\_ Share \_\_\_\_\_%

**CONTINGENT BENEFICIARY:**

Name/Relationship \_\_\_\_\_ Date of birth \_\_\_\_\_ Share \_\_\_\_\_%

Name/Relationship \_\_\_\_\_ Date of birth \_\_\_\_\_ Share \_\_\_\_\_%

If none of the above-named beneficiaries are living at the time of my death, I direct that payment be made in accordance with the terms of the policy. I reserve the right to revoke or change this designation.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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This form should be retained in the files of your department or organization  
and reviewed and updated on a regular basis.

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