

**Quaker Springs Volunteer Fire Department
107 Blodgett Road
Schuylerville, NY 12871**

Dear Applicant,

We welcome your membership application to join the Quaker Springs Volunteer Fire Department. The attached Application is the beginning of the process to become a member. It is important that you fill out each part of the application packet honestly. You must also sign it in the presence of a Notary Public of New York (page 6). If need help with the Notary Public please put in your application without signing page 6. We have a number of members who are notary publics and we will arrange for a time to get you that Notary signature.

As I am sure you will agree, our organization is one in which integrity is paramount. Our reputation is directly related to the code of conduct displayed by each of our members. Our members deal directly with the public and it is important that they be concerned for the safety and welfare of the public at all times. Therefore, please be aware that we will thoroughly scrutinize the information that you provide on the membership application. We do this in an effort to provide the citizens of our Fire District with individuals who will uphold the excellent reputation of the Department.

Thank you for your interest and, hopefully, you can become a valuable part of our organization.

Sincerely,

Officers and Members of the Quaker Springs Volunteer Fire Department

**Quaker Springs Volunteer Fire Department
107 Blodgett Road
Schuylerville, NY 12871**

APPLICATION FOR MEMBERSHIP

Check which membership you are applying for:

() Firefighter () Associate including Auxiliary () Junior () Youth

Today's Date: _____ Birth Date: _____

(Last Name)

(First Name)

(M.I.)

(Address)

(Apt./State No.)

(City, Town, Village)

(State)

(Zip Code)

Telephone: (_____) _____
(Home)

(_____) _____
(Work)

(_____) _____
(Cell)

Email: _____ Text: (Y) (N) Phone Carrier: _____

How long have you resided at the above address? Years: _____ Months: _____

How long have you resided in New York State? Years: _____ Months: _____

Are you 18 years of age or older: Yes ____ No ____ If NO, state your age. _____

If you are not 18 years old you must have a Parent or Guardian read and sign application also.

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 for membership? Yes ____ No ____ If "yes", explain _____

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 _____

Do you have a valid New York State Drivers License? Yes ____ No ____

License #: _____

Fire District regulations require that all drivers participate in the NYS License Event Notification System. It reviews your driver license records and reports changes to fire district. It covers accidents (reportable), Convictions, expirations, Medical Certification status changes, license status changes, suspensions and revocations and more. Will you be willing to participate in LENS ? Yes ____ No ____

Please indicate your availability to participate in normally required fire department activities (meetings, drills an emergency calls).

Please check appropriate time periods.

Week Days: Days _____ Evenings _____ Nights _____

Weekends: Days _____ Evenings _____ Nights _____

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 a member of the United States Armed Forces? Yes ___ No ___

If the answer is "Yes", did you receive a dishonorable discharge: Yes ___ No ___

Dishonorable discharge is not an absolute bar to membership. This and other factors will effect a final membership decision. If the above answer is "Yes", give complete details in the space provided for additional information on the back of the page (include service branch and service dates).

Have you ever been convicted or pled guilty to a felony, misdemeanor, insurance fraud, arson, or a reduction of one of these offenses? Yes ___ No ___ If "Yes" give details on the back of the page.

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

A. Name _____ Tel#. _____

Address _____

B. Name _____ Tel#. _____

Address _____ Tel#. _____

C. Name _____ Tel# _____

Address _____

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

Fire District regulations require that that Firefighters and Juniors pass a physical examination annually. The Department's designated medical provider will provide you with a free examination.
Will you be willing to undergo a medical examination? Yes ___ No ___

ADDITIONAL INFORMATION

Acknowledgement

Initial Here	I acknowledge that all of the statements made herein are true to the best of my knowledge. I authorize investigation of all statements made in this application. I acknowledge that any false statements or material omissions could lead to rejection as a candidate or termination as a member if the falsity or omission is learned subsequent to my acceptance as a member.
Initial Here	I acknowledge that I desire to promote the Quaker Springs Volunteer Fire Department's objectives to prevent and extinguish fires and to serve as an emergency relief squad in the Quaker Springs Fire District, and to promote social welfare and recreational interest of its members as set forth in the by-laws, rules, & SOGs.
Initial Here	I acknowledge that the Quaker Springs Fire Department is committed in spirit as well as in action, to abide by all laws dealing with equal opportunity. It is our policy to guarantee equal opportunities for all qualified persons without regard to their age, race, creed, color, national origin, ancestry, marital status, gender, military status, sexual orientation, or disability, which can be reasonably accommodated. If an applicant is approved for membership, such approval is conditional upon final receipt of references and background information consistent with the standards of the Quaker Springs Volunteer Fire Department. A conditionally approved member may be dismissed at any time and for any reason within twelve (12) months of his /her acceptance as a conditional member.
X Signature:	

Freedom of Information

Within the Freedom of Information Law (FOIL), 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 on the date indicated below by the undersigned applicant who affirms that the statements made herein are true, under penalties of perjury.

Date:	X Signature:
Print Witness Name	Witness Signature

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; be released to the fire chief and your potential supervisors; and be 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 Secretary of the Quaker Springs Fire Department, PO Box 67, Schuylerville, NY 12871. 518 584-3349

You will be contacted for an Interview. You are requested to bring your Drivers License and Military Discharge papers, if you were in the service, with you.

**Quaker Springs Volunteer Fire Department
PO Box 67
Schuylerville, NY 12871**

APPLICANT'S AUTHORIZATION FOR RELEASE OF INFORMATION

In order to confirm the information I supplied on my application for membership with the Quaker Springs Volunteer Fire Department, 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 Quaker Springs Volunteer Fire Department 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 confirmations of my credentials.

X

Applicant Name

(Please Print)

Applicant's Signature

Date

Applicant's Parents or Guardian (Please Print) Signature

Date



**Department of
Motor Vehicles**

GENERAL CONSENT FOR RELEASE OF PERSONAL INFORMATION

Background

The federal Driver's Privacy Protection Act (DPPA) designates certain information in motor vehicle records as *Personal Information*. Personal information includes a motorist's photograph, social security number, date of birth, driver license number, non-driver ID number, name, address (except for 5-digit zip code), telephone number, and medical or disability information. Public information includes reportable accidents, driving convictions, driver status and vehicle information. Most motor vehicle records contain personal and public information. Please note, if we are authorized to release personal information, we will not release social security number, phone number, photograph, medical or disability information.

The DPPA also limits the reasons (*permissible uses*) for which the Department of Motor Vehicles may release records containing personal information. A copy of the DPPA, and the permissible uses in New York State, are printed on form MV-15DPPA.

Some requesters may request a copy of a record only if they have permission from the person named in the record. This form provides evidence (*signed authorization*) of that permission.

Instructions for Motorists

The motorist is the person named in a motor vehicle record. The record requester is the person requesting information about the motorist. To complete this form, print your name in the blank marked *Motorist*. Print the record requester's name in the blank marked *Record Requester*. Then visit a notary public. In the presence of the notary, sign on the line marked *Motorist's Signature*, then give this form to the notary to notarize.

After it is notarized, give this form to the record requester.

Instructions for Record Requesters

You may request someone else's motor vehicle record containing personal information only if you have a permissible use as defined in the DPPA. You may face criminal penalties and civil liabilities if you request a record for which you do not have a permissible use. Having the motorist's permission is a permissible use. This form, properly completed and notarized, is evidence of the motorist's permission.

Keep a copy of this form for five years after you receive the record you requested.

I, _____, DL number: _____, authorize the New York State Department of Motor Vehicles
(Motorist)

to disclose or otherwise make available to _____ Quaker Springs Fire District #1 personal information about
(Record Requester)

me obtained by the Department in connection with a motor vehicle record.

X

Motorist's Signature

STATE OF NY _____



ss:

COUNTY OF Saratoga _____

On this _____ day of _____, _____ before me personally appeared
(month) (year)
DL number: _____, to me known and who by me being duly sworn, acknowledged
(Motorist)

to be the person described in and who executed the foregoing consent and who acknowledged to me that he/she executed the same for the purpose therein stated.

NOTE: The requester may not also act as notary.

Notary Public

MV-15GC (10/21)

dmv.ny.gov



Department Use Only

Secretary's Endorsement:

This application was read at the _____, 20__ meeting of the Quaker Springs Volunteer Fire Department and turned over to the Membership Committee.

Secretary: _____

Membership Committee Report:

Date: _____, 20__

The Membership committee inquired into the character and the competency the applicant and recommend this application to be

Accepted _____ Rejected _____

for membership in the Quaker Springs Volunteer Fire Department.

_____ Yes ____ No ____

_____ Yes ____ No ____

_____ Yes ____ No ____

Fire Company's report:

Date: _____, 20__

The Quaker Springs Volunteer Fire Department Approval ____ Rejected ____
the application with the vote being: Yes ____ No ____

Presiding Officer: _____

Board of Fire Commissioners Report:

Date: _____, 20__

The Board of Fire Commissioners Approved ____ Rejected ____

The application for membership to the Quaker Springs Volunteer Fire Department