

# MEMBERSHIP APPLICATION



**SPRING LAKE FIRE DEPARTMENT**

# SPRING LAKE FIRE DEPARTMENT

*an all-volunteer department*

Maxwell Lane / Lucas Ave

P.O. Box 3578 Kingston, New York 12402-3578

Firehouse Phone: (845) 338-2173

Emergency Telephone: 911

## MEMBERSHIP APPLICATION

*Circle one category below*

**(Firefighter/Rescue   Fire Police   Junior Firefighter   Non-Firefighting)**

**Applicant must be Eighteen years of age (Sixteen yr. for Junior firefighters), be of good moral character and live or work within the fire district for one year to apply.**

Application Date: \_\_\_\_\_

I hereby apply for membership in the Spring Lake Volunteer Fire Department. I agree to serve and abide by its rules, regulations, and Bylaws if accepted. I understand that I will be a probationary member in the category selected for a period of one year.

**1. NAME:** \_\_\_\_\_  
(last) (First) (Middle)

**2..ADDRESS:** \_\_\_\_\_  
(No.) (Street) (City) (State) (Zip)

**3. Phone (Home)** \_\_\_\_\_ **(Work)** \_\_\_\_\_ **(Other)** \_\_\_\_\_  
**(Email)** \_\_\_\_\_

**4. How long have you resided at the above address? Years: \_\_\_\_ Months: \_\_\_\_\_**

**5. How long have you resided in New York State? Years: \_\_\_\_ Months: \_\_\_\_\_**

**6. Are you 18 years of age or older? Yes: \_\_ No: \_\_ If NO, state your age \_\_\_\_\_**

**7. Are you a citizen of the United States? Yes: \_\_ No: \_\_**

**8. If you are not a citizen of the United states, have you the legal right to remain permanently in the United States? Yes: \_\_ No: \_\_\_\_\_**

**9. Have you ever been known by any other name (e.g. marriage) ? Yes: \_\_ No: \_\_\_\_  
If so, list name(s) and reason (necessary to enable a check on your application).**

**SPRING LAKE FIRE DEPARTMENT**  
**MEMBERSHIP APPLICATION**

Page 2

**10. ARE YOU CURRENTLY EMPLOYED? Yes:\_\_\_\_\_ No:\_\_\_\_\_**

**11. Please indicate your availability to participate in normal required fire department activities (meetings, drills and emergency calls).**

**Please check appropriate time periods.**

**Week Days:**

**Days: \_\_\_\_\_ Evenings \_\_\_\_\_ Nights \_\_\_\_\_**

**Weekends:**

**Days \_\_\_\_\_ Evenings \_\_\_\_\_ Nights \_\_\_\_\_**

**12. PRESENT EMPLOYER: \_\_\_\_\_**

**ADDRESS: \_\_\_\_\_**

**OCCUPATION: \_\_\_\_\_**

**IMMEDIATE SUPERVISOR: \_\_\_\_\_**

**PREVIOUS EMPLOYER: \_\_\_\_\_**

**ADDRESS: \_\_\_\_\_**

**OCCUPATION: \_\_\_\_\_**

**IMMEDIATE SUPERVISOR: \_\_\_\_\_**

**13. HAVE YOU EVER BEEN DISMISSED FROM ANY POSITION ?    YES    NO**  
**(if Yes, explain) \_\_\_\_\_**

**14. DO YOU HAVE ANY DISABILITIES OR HEALTH PROBLEMS THAT WOULD LIMIT YOUR ABILITY TO PERFORM ANY TASKS IN THE SLFD ? (if yes, list)**

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**15. HEALTH: (circle)    EXCELLENT    GOOD    FAIR    POOR**  
**(upon acceptance into the SLFD; All Active firefighters/Rescue, Fire Police and Junior firefighters are required to have a medical examination provided by the FD physician)**

**SPRING LAKE FIRE DEPARTMENT  
MEMBERSHIP APPLICATION**

Page 3

**16. EDUCATION: (circle Highest Grade Completed) 1 2 3 4 5 6 7 8 9 10 11 12**

Technical Schools Attended: \_\_\_\_\_

Subject Studied: \_\_\_\_\_

College or Universities Att. \_ \_\_\_\_\_

Major / Minor \_\_\_\_\_

**17. HAVE YOU EVER BEEN A MEMBER OF A FIRE DEPARTMENT, RESCUE, FIRE POLICE SQUAD OR OTHER SIMILAR EMERGENCY SERVICE ORGANIZATION?**

(Circle) YES NO If Yes, please complete the information below.

Name of agency / organization: \_\_\_\_\_

Address: \_\_\_\_\_

Date of service: From: \_\_\_\_\_ To: \_\_\_\_\_

Position(s) held: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Duties \_\_\_\_\_

List all related emergency training you have completed.

\_\_\_\_\_  
\_\_\_\_\_

**18. DO YOU HAVE ANY FIRST AID TRAINING ? \_\_\_\_\_ CPR TRAINING? \_\_\_\_\_**

**19. 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 from membership. This and other factors will effect a final membership decision**

**SPRING LAKE FIRE DEPARTMENT**  
**MEMBERSHIP APPLICATION**

Page 4

**20. EXCEPT FOR MINOR TRAFFIC VIOLATIONS AND ADJUDICATION'S AS A YOUTHFUL OFFENDER, HAVE YOU EVER BEEN CONVICTED OF AN OFFENSE AGAINST THE LAW ? Yes: \_\_\_ No: \_\_\_**

**If the answer is " Yes", give complete details on an additional attached sheet.**

**21. HAVE YOU EVER BEEN CONVICTED OF CRIMINAL MISCHIEF, INSURANCE FRAUD, ARSON OR A REDUCTION OF ONE OF THESE OFFENSES? If "Yes" give details on attached sheet. Yes: \_\_\_ No: \_\_\_**

**Note: Under Town Law, persons convicted of Arson can not be accepted into any fire dept.**

**22. REFERENCES:**

**Please list three people in your circle of friends (and who are not related to you by blood or marriage) who has known you for a least 3 years.**

**A. Name: \_\_\_\_\_ Tel. # \_\_\_\_\_**

**Address: \_\_\_\_\_**

**B. Name: \_\_\_\_\_ Tel. # \_\_\_\_\_**

**Address: \_\_\_\_\_**

**C. Name: \_\_\_\_\_ Tel. # \_\_\_\_\_**

**Address: \_\_\_\_\_**

**23. PLEASE LIST THE NAMES OF ANY ACQUAINTANCES THAT ARE MEMBERS OF THE SPRING LAKE FIRE DEPARTMENT.**

\_\_\_\_\_

**SPRING LAKE FIRE DEPARTMENT**  
**MEMBERSHIP APPLICATION**

Page 5

**24. IN A BRIEF PARAGRAPH, STATE WHY YOU WISH TO JOIN THIS DEPARTMENT, WHAT THE DEPARTMENT CAN GAIN FROM YOUR MEMBERSHIP, AND WHAT YOU EXPECT TO GAIN FROM MEMBERSHIP IN THE SLFD?**

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**25 . MAY THE SLFD MEMBERSHIP INVESTIGATING COMMITTEE CONTACT YOUR PRESENT EMPLOYER OR ANY OF THE ORGANIZATIONS OR REFERENCES WHICH YOU HAVE LISTED TO ASK QUESTIONS REGARDING YOUR CHARACTER OR ABILITIES?**

**(If No, explain)**

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**ALL INFORMATION CONTAINED / OR OBTAINED HEREIN WILL  
REMAIN**

**CONFIDENTIAL**

**SPRING LAKE FIRE DEPARTMENT**  
**MEMBERSHIP APPLICATION**

Page 6

I affirm and say that I am the below named person. I affirm under penalty of perjury and signed the forgoing statement. I authorize investigation of all statements in this application, I understand that misrepresentation or omission of facts called for is cause for application rejection or dismissal if accepted. Further, I understand and agree that my acceptance as an active member is dependent upon the successful completion of the New York State "Firefighting Essentials" course, S.L.F.D. proficiency requirements and any other courses or training mandated by New York State Department of labor and the Occupational and Health Administration (OSHA) within my first year of membership or there after. Fire Police applicants must complete or have completed a Fire Police training course.

Date: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_

**Do not write below this line**

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**APPLICATION STATUS:**

RETURNED TO APPLICANT \_\_\_\_ APPROVED \_\_\_\_ DISAPPROVED \_\_\_\_

Investigating Committee:

A. \_\_\_\_\_ Date: \_\_\_\_\_

B. \_\_\_\_\_ Date: \_\_\_\_\_

**Chief Officer:**

\_\_\_\_\_ Date: \_\_\_\_\_

**Board Of Fire Commissioners:**

\_\_\_\_\_ Date: \_\_\_\_\_





# **NEW MEMBER TRAINING REQUIREMENTS**

(Please remove this sheet from the application and keep for your reference)

## **FIRST YEAR OF MEMBERSHIP**

**(MANDATORY)SPRING LAKE FIRE DEPARTMENT PHYSICAL** - A physical examination is required for all Active Fire/Rescue and Fire Police personnel. Members must have physicals to participate in weekly drills, Self Contained Breathing Apparatus (SCBA) training, Apparatus driver/pump training, and on scene emergencies. Physicals are provided and given at no cost to members by the SLFD physician. All members must have a physical yearly. Non-firefighting members (social members) do not require physical examinations.

## **FIREFIGHTER 1 OR FIREFIGHTING ESSENTIALS (New York State Training course or approved equivalent)**

Firefighter 1 course is 89 hours of training that provides information and skills essential to basic firefighting. The course familiarizes the student with the organization of the New York State fire defenses and introduces the chemistry of fire. Includes: Safety and personal protection equipment; ropes; tools; hoses; ladders; ventilation; entry; salvage and overhaul; communications; fire streams; and fire prevention as well as other required topics. This course is designed for new, inexperienced firefighters. This course is a pre-requisite to all New York State training programs and fire department activities.

## **YOUR RIGHT TO KNOW - New York State Department of Labor requirement**

This is a 2.5 hour class given once each year during a weekly training night. This class also known as NYS Toxic Substances (Article 48) law ; it is a law intended to identify and inform firefighter and rescue personnel of the potential dangers of toxic substances that you may come in contact with during your work. This class also includes Hazmat awareness training.

## **BLOODBORNE / AIRBORNE PATHOGENS STANDARD - NYS Department Of Labor / OSHA requirement.**

This class is given once each year on a normal training night (2.5 hours). This class focuses on disease transmission. The purpose of the standard is to eliminate or minimize occupational exposure to Hepatitis B virus and other blood borne pathogens by using a combination of engineering and work practice controls, and personal monitoring. Hepatitis B vaccinations are also covered as well as the SLFD HBV & HIV Exposure control plan. Airborne pathogens such as Tuberculosis is included in the training.

## **RESPIRATORY PROTECTION – New York State Department of Labor requirement**

This is a 2.5 hour class given four times each year during a weekly training night. This class is also known as Self contained Breathing Apparatus (SCBA) training. This class is required for all interior fire attack, fire ground operations personnel, driver/pump operators.

**SPRING LAKE FIRE DEPT  
NEW MEMBER  
TRAINING REQUIREMENTS**

# NEW MEMBER TRAINING REQUIREMENTS

( Please remove this sheet from the application and keep for your reference)

## OSHA REQUIREMENTS

### FIRST YEAR OF MEMBERSHIP

#### NEW FIRE FIGHTER TRAINING

**(THIS REQUIREMENT IS SATISFIED BY THE NYS FIREFIGHTER 1 COURSE)**  
**MINIMUM REQUIREMENTS:**

GENERAL HAZARD RECOGNITION .....	1 HOUR
FIRE STATION SAFETY .....	2 HOURS
RESPONSE SAFETY .....	2 HOURS
FIRE SCENE SAFETY .....	2 HOURS
PROTECTIVE CLOTHING .....	3 HOURS
SELF-CONTAINED BREATHING APPARATUS .....	3 HOURS
TOOLS ANDS EQUIPMENT SAFETY .....	2 HOURS

**TOTAL: 15 HOURS**

#### ANNUAL REFRESHER TRAINING (after your first year)

#### MINIMUM REQUIREMENTS:

GENERAL HAZARD RECOGNITION .....	1/2 HOUR
FIRE STATION SAFETY .....	1/2 HOUR
RESPONSE SAFETY .....	3/4 HOUR
FIRE SCENE SAFETY .....	1-1/3 HOURS
PROTECTIVE CLOTHING .....	1 HOUR
SELF-CONTAINED BREATHING APPARATUS .....	2 HOURS
TOOLS ANDS EQUIPMENT SAFETY.....	1 HOUR
RECENT DEVELOPMENTS IN FIRE SAFETY.....	1 HOUR

**TOTAL: 8 HOURS**

#### CPR AND FIRST AID TRAINING -

About 50% of emergencies in Spring Lake Fire Department are medical emergencies and the officers encourage all members to become CPR certified and first aid trained and to maintain this certification as required.

#### EMERGENCY VEHICLE AND PUMP OPERATIONS-

There is a separate training program for those wishing to drive and operate SLFD emergency vehicles.

# **NEW MEMBER TRAINING REQUIREMENTS**

## **ADDITIONAL REQUIREMENTS FOR FIRE POLICE**

( Please remove this sheet from the application and keep for your reference)

### **(MANDATORY)**

Note: Fire police are yearly appointed positions made by the Fire Chief of the SLFD.

### **NYS FIRE POLICE COURSE**

Under the provision of the General Municipal Law, Section 209-c, The NYS Fire Police course must be completed by every fire police officer appointed after September 1, 1980. The course trains fire police to perform their duties more effectively, The course includes: defining and interpreting terms; oath of office; relations with regular police officers; general duties; maintaining safe conditions at an emergency; traffic direction and control; pre-planning; and various laws of interest to the fire service.

Upon appointment by the Chief and the completion of the Fire Police course. Fire police must be sworn in by the Town of Ulster Clerk. Those that already hold NYS fire police certificates or Ulster County Sheriff department certificates are not required to retake the course. The officers of the SLFD encourage Fire Police to keep their skill and knowledge current by participating in the Ulster County Fire Police Association.

### **FIRE POLICE SAFETY AND EQUIPMENT**

Fire Police must use and wear proper safety equipment when directing traffic and emergency vehicles. Proper equipment will be provided by the department.