



Dear Applicant,

On behalf of the entire Middle Hope Fire Department we would like to thank you for taking the interest to apply for membership in our organization. Whether you are applying for active or social membership we can assure you that being a member of our department will be a rewarding and fulfilling experience for you and your family. While service to the community is the mantra of our organization we are also aware that the success of our service is dependent on a motivated and committed membership.

Please follow the steps listed below:

STEP 1:

Fill out application in its entirety

STEP 2:

Fill out form entitled "New York State Division of Criminal Justice Services" and place in sealed envelope with your initials across the seal of the envelope

STEP 3:

Return application package with your \$10.00 application fee and sealed envelope to Fire Station #2 located at 5172 Route 9W during the period of Monday thru Friday, 0800 to 1600 hours or mail to Middle Hope Fire Company, Inc., 11 Lattintown Road, Newburgh NY, 12550, Attn. President

STEP 4:

Your application will then be obtained by the Fire Chief and he will submit it for the Background Check by the NYS Criminal Justice Services, this will be accomplished by the Orange County Sheriff's Office.

STEP 5:

You will be notified by the Chairman of the Board of Review to attend a Board of Review interview. If you are 16-18 years of age a parent or guardian will be invited to attend the interview with you.

STEP 6:

The Fire Department membership will vote on your application at the next scheduled meeting.

STEP 7:

The Board of Fire Commissioners will vote on your application at the next scheduled meeting.

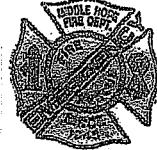
STEP 8:

Following a favorable vote by the Fire District and General Membership all active members will be required to have a physical examination at the cost of the Fire District, prior to the beginning activities as an active member. The Fire District Secretary will notify you to schedule an appointment with our Health Care Provider.

STEP 9:

The Chairman of the Board of Review will contact you and ask that you be present at the next scheduled Company meeting at which time you will be sworn in.

*This process can sometimes take 4-8 weeks depending on when the application is submitted for background checks and dates of company meetings.



Application for Membership

Full Name: _____
Last: _____ First: _____ M.I.: _____ Date: _____

Address: _____
Street Address: _____ Apartment/Suite No. _____

City: _____ State: _____ Zip Code: _____
Phone: _____
Home: _____ Cell: _____

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

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

Drivers License Number: _____

Are you 18 Years of age or older? Yes: _____ No: _____

If no, are you between the ages of 16 and 18 years? Yes: _____ No: _____

Is additional information about your change in your name or your assumed name or nickname necessary to enable a check on eligibility for membership? Yes: _____ No: _____ If "Yes" please 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: _____

Please indicate your availability to participate in normally required fire department activities:

Days: _____ Weekdays: _____ Evenings: _____ Nights: _____

Days: _____ Weekends: _____ Evenings: _____ Nights: _____

Previous emergency services experience: (include only fire, rescue, police, and emergency medical service agencies)

Name of Agency: _____

Address of Agency: _____

Contact Person: _____ Telephone Number: _____



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.

Have you ever been convicted or plead guilty to a felony, misdemeanor, insurance fraud, arson sexual offender or a reduction of one of these offences? Yes No
If "Yes" give detail on attached sheet.

Please list Three personal references, other than members of this organization, who you have known for at least 3 years:

Name: _____ Phone: _____
Address: _____

Name: _____ Phone: _____
Address: _____

Name: _____ Phone: _____
Address: _____

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

OSHA regulations require that you pass a physical examination before becoming an interior structural firefighter. The department's designated physician will provide you with a free medical examination.
Will you be willing to undergo a medical examination? Yes No

Are you applying for Active membership or Social Membership? (if you are not sure leave blank)
Active Social

Additional Information:



Within the freedom information law, 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 this _____ day of _____ by the undersigned applicant who affirms the statements made herein are true under the penalties of perjury.

Applicant Signature: _____

Date: _____

Witnessed by: _____

Date: _____

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 by 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 for; 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 the secretary of the Middle Hope Fire Company, 11 Lattintown Road, Newburgh, NY 12550, (845)562-7948

Applicant's Authorization for Release of Information

In order to confirm the information I supplied on my application for membership with the Middle Hope 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 Middle Hope Fire Company 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.

Applicant Name (please print)

Signature

Date

Witnessed by: _____

Name and Title (please print)

Signature

Date

Parent Consent (If under 18)

I, _____

being the (Parent/Guardian) of

do hereby give my consent for his/her membership in the Middle Hope Fire Company.

Parent/Guardian Signature



Official Use Only:

Contacted for Interview: _____
Date _____

Interview Date: _____

Interview By: _____

1. _____ 2. _____
3. _____ 4. _____
5. _____ 6. _____

Favorable or Non Favorable (circle one)

President Signature: _____

Date: _____

Voting outcome: Yes _____ No _____

Commissioners approval to send for physical:

1. _____
2. _____
3. _____
4. _____

Copy of application mailed to Fire District:

Date: _____
Signature: _____



NEW YORK STATE DIVISION OF CRIMINAL JUSTICE SERVICES
Office of Criminal Justice Operations
Volunteer Firefighter Inquiry Form

INSTRUCTIONS: This form is to be used only by a Sheriff's Office (or OFPC, where applicable) when performing searches authorized under NY Executive Law §837-o in connection with individuals seeking membership in a Volunteer Fire Department.

This form must be U.S. mailed, faxed or hand delivered between agencies. E-mail transmission is not permissible.

Shaded boxes are required data elements.

A. DATE	
B. REQUESTING VOLUNTEER FIRE DEPARTMENT	
DEPARTMENT NAME: MIDDLE HOPE FIRE DISTRICT	
FIRE CHIEF NAME: ARKEEM GORHAM	
ADDRESS: 5172 ROUTE 9W NEWBURGH, NY 12550	
TELEPHONE NUMBER: (845) 562-1062	
FAX NUMBER: (845) 565-5350	

1. NAME (LAST, FIRST, MIDDLE)		2. ADDRESS (Street, City, Zip Code)	
3. ALIAS AND/OR MAIDEN NAME		4. SEX	5. RACIAL APPEARANCE
		M <input type="checkbox"/> F <input type="checkbox"/>	White <input type="checkbox"/> Black <input type="checkbox"/> Indian <input type="checkbox"/> Asian <input type="checkbox"/> Unknown <input type="checkbox"/> Other <input type="checkbox"/>
6. ETHNICITY		7. HEIGHT	8. DATE OF BIRTH
Hispanic <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Unknown <input type="checkbox"/>		Ft. <input type="checkbox"/> In. <input type="checkbox"/>	Month <input type="checkbox"/> Day <input type="checkbox"/> Year <input type="checkbox"/>
10. SOCIAL SECURITY NO.		9. PLACE OF BIRTH	

RESULTS OF INQUIRY	INVESTIGATING OFFICER: <input type="text"/>	DATE <input type="text"/>
	INVESTIGATING OFFICER SIGNATURE <input type="text"/>	
<input type="checkbox"/> NO RECORD OF AN ARSON CONVICTION OR A CONVICTION REQUIRING REGISTRATION AS A SEX OFFENDER		
<input type="checkbox"/> CONVICTED OF ARSON; NO RECORD OF A CONVICTION REQUIRING REGISTRATION AS A SEX OFFENDER		
<input type="checkbox"/> CONVICTED OF A CRIME REQUIRING REGISTRATION AS A SEX OFFENDER; NO RECORD OF AN ARSON CONVICTION		
<input type="checkbox"/> CONVICTED OF ARSON AND CONVICTED OF A CRIME REQUIRING REGISTRATION AS A SEX OFFENDER		