

Lake Placid Volunteer Fire Department
Application Process

1. Fill out the application in its entirety. If you need room for additional information, please add it to page 4 of the application.
2. Submit the application back to the Driver on duty or in person at one of the Regular Monthly Meetings or Line Officer's Meetings. The Regular Monthly Meeting is held the 1st Tuesday of the month at 7:00 PM. The Line Officer's Meeting is usually held the 3rd Tuesday of the Month, check with an Officer to confirm time and date.
3. Please provide a copy of your Driver's License, if you possess one, with the application.
4. Your application will then be submitted to the Investigation Committee. The Investigation Committee has 30 days to process and return the application to the Line Officers.
5. Your application will be read at the next Monthly Meeting after the Investigation Committee returns it. If the application is complete, then it will be voted on at that meeting. Upon approval by the Membership present at that meeting, your application will be forwarded to the Village Board for approval. You will be notified of the results of the vote by the Membership. The Village Board meets the 1st and 3rd Monday of the month.
6. After the decision of the Village Board, you will be notified. Upon approval, if you are applying to be a firefighter, you will be required to get a physical examination by the Fire Department's Physician.
7. Return your completed physical to the Line Officers and then you will be required to attend an Officer's meeting for an orientation.
8. Thank you for your interest in the Lake Placid Volunteer Fire Department.

Lake Placid Volunteer Fire Department
PO Box 569
Lake Placid, NY 12946
(518) 523-3211

Application for Membership

Firefighter

Auxiliary
(Check One)

Date _____

1. _____
(Last Name) (First Name) (Middle Initial)

2. _____
(Address) (Apt./Suite No.)

(City, Town, Village) (State) (Zip)

3. Telephone (_____) _____ (_____) _____
(Home) (Work)
(_____) _____
(Cell)

4. Place of Birth _____ (Necessary for Arson Check)

5. Social Security Number _____ (Necessary for Arson Check)

6. Height _____ Weight _____

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

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

9. Are you 18 years of age or older? Yes _____ No _____ If no state your age. _____

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?

Yes _____ No _____ If "Yes" explain. _____

11. Are you currently employed? Yes _____ No _____
If "Yes" give employer information below.
May we contact your employer? Yes _____ No _____

Name of Company _____

Address _____

Telephone _____ Supervisor _____

12. Do you have a valid New York State Drivers License? Yes _____ No _____

13. Please indicate your availability to participate in normally required fire department activities (meetings, drills and emergency calls).
Please check appropriate time periods.

Weekdays

Days _____ Evenings _____ Nights _____

Weekends

Days _____ Evenings _____ Nights _____

14. Previous emergency services experience: (include only fire, rescue, police and emergency medical services).

Name of Agency _____

Address _____

Contact Person _____ Telephone _____

(If additional space is needed, please identify on attached sheet)

15. Have you ever been a member of the United States Armed Forces? Yes _____ No _____

If 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 last page (include service branch and service dates).

16. Have you ever been convicted of 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 attached sheet.

17. Do you have any pending arrest? Yes _____ No _____
If "Yes" give details on the attached sheet.

18. Please list the names of any acquaintances that are members of this organization, past or present:

19. 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 _____

20. Please list three character references below:

Name	Address	Phone Number
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ADDITIONAL INFORMATION









WITHIN THE FREEDOM OF 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 THAT THE STATEMENTS MADE HEREIN ARE TRUE UNDER THE PENALTIES OF PERJURY.

APPLICANT SIGNATURE _____

DATE _____

PARENT OR GURADIAN SIGNATURE REQUIRED IF UNDER THE AGE OF 18.

PARENT/GUARDIAN SIGNATURE _____

DATE _____

WITNESS _____

DATE _____

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 department member) or in your resume file for six months (if you are not a fire department member).

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

The information will be maintained by the Fire Chief of the Lake Placid Fire Department, PO Box 569, Lake Placid, New York, 12946, (518) 523-3211.

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PO Box 569
Lake Placid, NY 12946
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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 Lake Placid 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 Lake Placid 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.

Applicant Name (Please Print)

Applicant Signature

Date

Witnessed by:

Name (Please Print)

Signature

Title (Please Print)

Date

For Department Use Only

Date Application Received _____ Received By _____

Date Investigation Committee Notified _____

Member Notified _____ Signature _____

Approved _____

Denied _____

Date Application Read To Membership _____

Date Application Voted On By Membership _____

Approved _____

Denied _____

Date Application Forwarded to Village Board _____

Date Application Voted On By Village Board _____

Approved _____

Denied _____

Date Arson Check Forwarded to County _____

Date Of Arson Check Response _____

Date Probation Due to Expire _____

Date Of Probation Review _____

Date Of Final Vote By Membership _____

Approved _____

Denied _____

Any further Information Regarding Application/Voting Process:

Investigation Committee Worksheet

Interviews/Contacts

Name:	Phone #	Relationship	Date Contacted
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Agencies Contacted	Date	Name of Contact
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Additional Notes

Committee Member's Name

Signature

Date Completed