

Chief Justin Byrne  
Assistant Chief James Piekarski  
Captain Steve Gasparrini  
Captain Ryan Piekarski  
Fire Lieutenant T. J. Porta  
Fire Lieutenant Nicholas Bendjak  
Fire Lieutenant Alexa Leo  
Fire Lieutenant Bernard Comiskey  
Fire Police Lieutenant Daniel Greaves  
EMS Lieutenant William Leo, Sr.



President Kevin M. Byrne  
Vice President Ryan Piekarski  
Treasurer William Leo, Sr.  
Secretary Alexa Leo  
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Board of Directors  
Kathryn Casey  
Jonathan Galente  
Gerard Sedlak

# Kent Volunteer Fire Department

2490 Route 301, Kent Cliffs, NY 10512

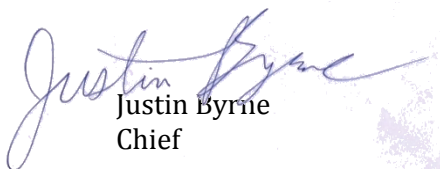
[www.KentVFD.com](http://www.KentVFD.com)

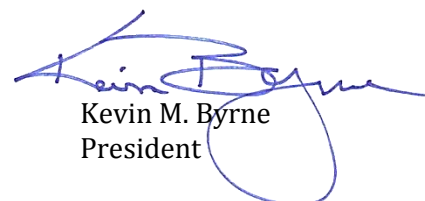
P: (845) 225-2223 F: (845) 225-0562

Thank you for your interest in joining the Kent Volunteer Fire Department! By picking up this application packet, you have taken the first step towards becoming part of an organization that truly cares about protecting others. The Kent Volunteer Fire Department is always on the lookout for new active members- good people who want to help their neighbors and better the community.

## How do you join the Kent Volunteer Fire Department?

1. Complete application with all necessary documents, and have two Firematic officers sign to confirm it is complete.
2. Schedule interviews with Chief and President of the KVFD
3. Applicant's background and consent forms will be submitted for investigation.
4. New Membership applications are reviewed quarterly (tentatively) the 3<sup>rd</sup> week in February, May, August, and November by the KVFD's Performance & Evaluation (P&E) Committee. P&E will make a positive or negative recommendation to the general membership at the next monthly general membership meeting.
5. The KVFD General Membership votes in favor or against applicant's application for membership. New membership applications are reviewed (tentatively) the 1<sup>st</sup> week of March, June, September, and December in each calendar year.
6. Member schedules medical examination with department designated physician, at no charge to applicant.
7. Complete application, with medical, as well as criminal and arson background investigations (including cross reference with sex offender registry) are given to Kent Fire District's Board of Commissioners for consideration.
8. Upon approval from the Kent Fire District's Board of Commissioners, the applicant becomes a probationary member in the Kent Volunteer Fire Department.
9. Probationary members are scheduled for orientation, and sign for copies of the KVFD SOP/SOG's, the KVFD Constitution & By-laws, and FD Rules (including the Technology Acceptable Use Policy). Orientation is coordinated by the Chief, President, and other firematic and administrative officers of the Kent Volunteer Fire Department.
10. Probation lasts no less than 6 months. For more information on probationary membership, consult the KVFD Constitution & By-laws or speak with an officer of the department.

  
Justin Byrne  
Chief

  
Kevin M. Byrne  
President

For consideration, applicants must answer all questions and fill in all blanks. If you have question(s) on any item, please call the Kent Volunteer Fire Department at 845-225-2223 and ask to speak to an officer. If you require additional space, attach an additional sheet of paper to the application. Make sure the application is signed. Any unsigned applications are not acceptable, and will result in immediate rejection.

Please read this application carefully and in its entirety. It contains the following:

1. Attach copy of current Driver's License (must be at least 16 years old to be considered for membership)
2. Authorization for Release of Information:
  - "Authorization/ Request for Arson Record"
  - "Authorization/ Request for Criminal Record/NYS Drivers Record from Non-Police Agency"
3. Agree to medical examination by department's designated physician
4. Attach all educational degree(s), certification(s), and/or training documents.
5. FASNY Volunteer Profile Form
6. Complete Parent/ Guardian Authorization form if applicant is under 18
7. Complete Designation of Beneficiary Form
8. Complete VESOLIFE Insurance Form

I have read and understand the application process above. Furthermore, I understand that if I should be accepted as a member of the Kent Volunteer Fire Department, I will uphold the constitution and by-laws of the Kent Volunteer Fire Department. I also agree to participate fully in all activities with the fire department to the best of my ability. Additionally, I also agree that all statements in this application for membership are true to the best of my knowledge, and that any false statement or misrepresentation will result in immediate dismissal from the Kent Volunteer Fire Department.

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(Print Applicant Name)

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(Applicant's Signature)

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(Date)



# KENT VOLUNTEER FIRE DEPARTMENT

## APPLICATION FOR MEMBERSHIP

All applicants are considered for admission without regard to race, color, religion, sex, national origin, age, marital or veteran status, sexual orientation, or any other legally protected status.

Applicant must complete the entire application to be considered for membership. Any missing information may postpone or terminate application process.

(Please Print)

### PERSONAL INFORMATION

NAME: \_\_\_\_\_  
(Last) (First) (Middle)

ADDRESS: \_\_\_\_\_  
(Number) (Street) (City) (State) (Zip)

PHONE: \_\_\_\_\_  
(Home) (Work) (Cell)

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_ GENDER: \_\_\_\_\_

DRIVER'S LICENSE #: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Are you a United States Citizen (Circle YES or NO)? YES NO

If no, are you legally authorized to work/ live in the U.S.? Explain and provide documentation:

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

### PERSONAL BACKGROUND

EDUCATION:  
(Include copies of degrees, certifications, etc... with application)

Most recent School: \_\_\_\_\_  
(Name) (Address) (City/State) (Zip)

School (Years Completed): \_\_\_\_\_ Highest Degree Completed (HS, AAS, Bach, Grad, Etc...): \_\_\_\_\_

Concentration/Major: \_\_\_\_\_

Additional extracurricular activities, duties, and responsibilities: \_\_\_\_\_  
\_\_\_\_\_



**REFERENCES**

Applicant must provide a minimum of two (2) references. One reference must be from an employer. If applicant does not have employment history, then applicant may provide at least one reference from an educational institution in its place.

Applicants are encouraged to avoid listing family as references.

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RELATIONSHIP TO APPLICANT: \_\_\_\_\_ LENGTH OF RELATIONSHIP: \_\_\_\_\_

NAME: \_\_\_\_\_  
(Last) (First) (Middle)

ADDRESS: \_\_\_\_\_  
(Number) (Street) (City) (State) (Zip)

PHONE: \_\_\_\_\_  
(Home) (Work) (Cell)

.....  
RELATIONSHIP TO APPLICANT: \_\_\_\_\_ LENGTH OF RELATIONSHIP: \_\_\_\_\_

NAME: \_\_\_\_\_  
(Last) (First) (Middle)

ADDRESS: \_\_\_\_\_  
(Number) (Street) (City) (State) (Zip)

PHONE: \_\_\_\_\_  
(Home) (Work) (Cell)

.....  
LIST THE NAMES OF ANY ACQUAINTANCES THAT ARE MEMBERS OF THE KVFD:

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

**OSHA**

OSHA regulations require that you pass a physical examination before becoming an interior structural firefighter. In accordance with the Kent Fire District’s rules and regulations, the department’s designated physician will provide you with a free medical examination. All responding members are required to receive an annual medical examination by the department’s designated physician. Will you be willing to undergo a medical examination (Circle YES or NO)?

YES NO

If NO, explain:

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

**ARSON AND CRIMINAL BACKGROUND**

Have you ever been convicted or plead guilty to a felony, misdemeanor, insurance fraud, arson, or a reduction of one of these offenses Circle YES or NO)?

YES NO

If YES, give details:

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Do you have a valid driver's license (Circle YES or NO)?

YES NO

If YES, attach a copy of your driver's license (front and back) to this application.

**\*Note: The Kent Fire District may use this information to track public information regarding your driving record.**



**NOT FOR APPLICANT: Below area is for KVFD Application Processing ONLY**

**CHIEF'S INTERVIEW**

**Availability:**

Tuesday evenings

Sunday mornings

Additional calls, trainings, etc...

**Aware of Training:**

OSHA

First Aid

CPR/AED

EMT-B

Firefighter I

**Does applicant envision any problems with the requirements of the department (Circle YES or NO)?**

YES

NO

**If YES, explain:**

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**Reference Check:**

**REFERENCE** (Last, First, Middle): \_\_\_\_\_

**Knowing the duties, responsibilities, and requirements in the volunteer fire service, does the applicant's reference give a positive recommendation for the applicant to join the Kent Volunteer Fire Department (Circle YES or NO)?**

YES

NO

**Additional Comments by Chief:**

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**PRESIDENT'S INTERVIEW**

**Availability:**

Tuesday evenings

Sunday mornings

Additional calls, trainings, etc...

**Aware of membership activities:**

Department Committees

Department Parades

Community Events (examples include KVFD Open House, Kent Town Day, etc...)

**Does the applicant envision any problems with the requirements of the department (Circle YES or NO)?**

YES NO

If yes, explain:

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**Reference Check:**

REFERENCE (Last, First, Middle): \_\_\_\_\_

**Knowing the duties, responsibilities, and requirements in the volunteer fire service, does the applicant's reference give a positive recommendation for the applicant to join the Kent Volunteer Fire Department (Circle YES or NO)?**

YES NO

**Additional Comments by President:**

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