



Kent Volunteer Fire Department

2490 Route 301, Kent Cliffs, NY 10512

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 3rd 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 1st 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.

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Chief

President

100% VOLUNTEER
Neighbors Helping Neighbors

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 and sex offender 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.

(Print Applicant Name)

(Applicant's Signature)

(Date)

KENT VOLUNTEER FIRE DEPARTMENT APPLICATION COVER SHEET

DATE OF APPLICATION (MM/DD/YY): _____ **NAME** (Last, First, Middle): _____

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

Reviewed for completeness and signed by two (2) KVFD Firematic Officers:

Application includes personal info, personal background, emergency services background, references, driver's license, Authorization/ Request for Arson Record", "Authorization/ Request for Criminal Record/NYS Drivers Record from Non-Police Agency", Designation of Beneficiary Form, VESO Life Insurance Form, FASNY Volunteer Profile, and Parent/Guardian Authorization form (if applicant is under 18).

(Rank, Name, Badge #)	(Signature)	(Date)
(Rank, Name, Badge #)	(Signature)	(Date)

Fire Chief Interview Complete: _____
(Chief Signature, Badge #) (Date)

President's Interview Complete: _____
(President's Signature, Badge #) (Date)

Arson/Criminal Background Submitted: _____
(Chief Signature, Badge #) (Date)

Performance & Evaluation Committee Recommendation to Membership:

Vote Count: YES _____ NO _____

_____ Recommend _____ Not Recommend

(Chair's Signature, Badge #) (Date)

General Membership:

Vote Count: YES _____ NO _____

(President's Signature, Badge #) (Date)

Medical examination scheduled: _____
(Chief Signature, Badge #) (Date)

Fire District Approval:

Medical examination complete and approved for:

_____ Interior Firefighter _____ Exterior Firefighter _____ Denied

Arson / Background Check Complete: _____ Approved _____ Denied

(District Chairperson Signature) (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:

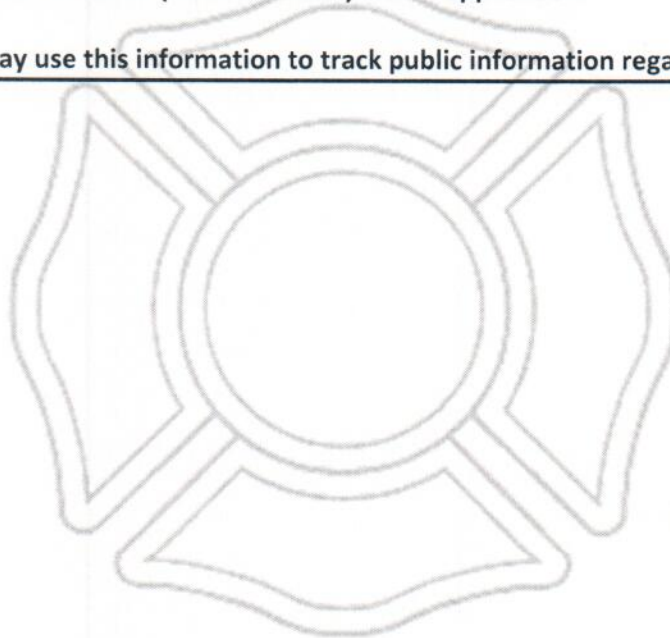
Do you have a valid driver's license (Circle YES or NO)?

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.



Kent Fire Department
2490 Route 301
Kent Cliffs, New York 10512

Parent/Guardian Authorization Form

Name: _____ Age: _____ Date of Birth: _____

Address: _____

Phone #: _____ Email: _____

Name or Parent/Guardian: _____

General Information

Health Problems: _____

Allergies: _____

Medications: _____

Health Insurance Carrier: _____

Insurance Policy #: _____

Emergency Contact Names & Phone Numbers:

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

Parent/Guardian Authorization

The above information is accurate and the person (*under the age of 18*) stated above has permission to participate in all Kent Fire Department functions, excluding any activities noted below. In the event of illness or injury of the minor in the course of a department activity, I request that measures be instituted without delay as the judgement of medical personnel dictates.

Parent/Guardian Signature: _____ Date: ____/____/____

Exclude from the following activities: _____



Renaissance.

DENTAL • VISION • LIFE • DISABILITY

Renaissance Life & Health Insurance Company of New York [2 Court St. Binghamton, NY 13901]

NEW YORK

MEMBER ENROLLMENT FORM

—Please Type Or Print Clearly In Dark Ink—

SECTION I | INFORMATION

Name of Participating Organization: Kent Fire District Board of Fire Commissioners		Group ID Number: LINY40090	
[Unit Name and Number:] 00173		Policy Number(s): LINY40090-00173	
Date of Membership (mm/dd/yyyy):		Billing Class:	
Application Type: <input type="checkbox"/> Initial Request <input type="checkbox"/> Late Applicant <input type="checkbox"/> Re-enrollment <input type="checkbox"/> Change in Status <input type="checkbox"/> Other If Other Specify: _____			

SECTION II | MEMBER INFORMATION (Completed By Applicant)

Full Name (Last, First, MI):		<input type="checkbox"/> Male	Email:	
		<input type="checkbox"/> Female	Phone:	
Street Address (Include Apt#/Suite):		City:	State:	ZIP Code:
Social Security Number:	Date of Birth (mm/dd/yyyy):	Position Title:		

SECTION III | BENEFICIARY

Full Name (First, Last, MI)	Relationship To You	Address	Phone	Social Security Number	Percentage

CONTINGENT BENEFICIARY

If you need more room, please request our Beneficiary form

Total percentages should add up to 100%. If no percentages are indicated, the proceeds will be divided equally.

SECTION IV | SIGNATURE

My signature on this Enrollment Form further represents that:

I am applying for the coverages designated for which I am eligible under my organization's plan with Renaissance and I understand that no coverages above the Guaranteed Issue Limit are effective until my completed Evidence of Insurability is approved by Renaissance. If I am applying as a Late Applicant, I understand that no coverage is effective until my completed Evidence of Insurability is approved by Renaissance and certain limitations may apply.

[I understand that if I am Hospital Confined, that coverage will be deferred until the day after Hospital Confinement ends.]

For any Life or AD&D coverage for which I am applying, I designate the Beneficiary(ies) named in the Beneficiary section of this Enrollment Form to receive any benefits payable in the event of my death.

ACCELERATED DEATH BENEFITS NOTICE: Receipt of accelerated death benefits may affect eligibility for public assistance programs and may be taxable. The portion of the death benefit which is accelerated will be discounted. There may be a processing fee upon acceleration.

[If this form is to be signed electronically, I agree that, by typing my name on the "Applicant's Signature"/"Spouse's Signature" line and entering my birth month and year below, I will be signing this Employee Enrollment Form and that such signature will be as legally binding as if I had manually signed this Employee Enrollment Form.]

The Enrollment Form is subject to approval, refusal or modification in accordance with Renaissance guidelines. Material misrepresentation will cause this form and subsequent coverage to be voidable (not applicable to Life Insurance).

[FRAUD WARNING (NOT APPLICABLE TO LIFE INSURANCE): ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.]

Member Signature (Required)

Member Date of Birth (mm/dd/yyyy)

Date Signed (mm/dd/yyyy)





FASNY Volunteer Programs Office Volunteer Profile

Department Name _____

Department Mailing Address _____

Department Phone Number _____

Department Fax Number _____

Department E-Mail Address _____

Recruit Name _____

Home Address _____

City/State/Zip Code _____

Home Phone (____) _____ - _____

Date of Birth ____/____/____

E-Mail _____

Education: (Please check one)

- High School Some College College Graduate Graduate Studies

Previous Experience: (Please check one)

- Fire EMS Rescue Medical Other _____

Reason for Volunteering: (Please check one)

- Department Member Family Member Friend
 Billboards Cinema Ads Internet Ad
 Newspaper Ads Radio Ads Social Media
 TV Ads FireInYou Website Other _____

This Volunteer Profile form can be submitted online at www.fasny.com/VolunteerProfile

Paper copies can be mailed (107 Washington Avenue, Albany, NY 12210), e-mailed (recruit@fasny.com) or faxed (518-694-3137) to FASNY.



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.

A. DATE:

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.

B. REQUESTING VOLUNTEER FIRE DEPARTMENT

DEPARTMENT NAME: **KENT VOLUNTEER FIRE DEPARTMENT**

FIRE CHIEF NAME:

SIGNATURE:

ADDRESS: **2490 ROUTE 301**
KENT, NY 10512

TELEPHONE NUMBER: **(845) 225-2223**

FAX NUMBER: **(845) 225-0562**

1. NAME (LAST, FIRST, MIDDLE)

2. ADDRESS (Street, City, Zip Code)

3. ALIAS AND/OR MAIDEN NAME

4. SEX

5. RACIAL APPEARANCE

M

F

White

Black

Indian

Asian

Unknown

Other

6. ETHNICITY

Hispanic

Not Hispanic

Unknown

7. HEIGHT

Ft.

In.

8. DATE OF BIRTH

Month

Day

Year

9. PLACE OF BIRTH

10. SOCIAL SECURITY NO.

INVESTIGATING OFFICER: _____ DATE _____
 (PRINT NAME/TITLE)

INVESTIGATING OFFICER SIGNATURE _____

NO RECORD OF AN ARSON CONVICTION OR A CONVICTION REQUIRING REGISTRATION AS A SEX OFFENDER

CONVICTED OF ARSON; NO RECORD OF A CONVICTION REQUIRING REGISTRATION AS A SEX OFFENDER

CONVICTED OF A CRIME REQUIRING REGISTRATION AS A SEX OFFENDER; NO RECORD OF AN ARSON CONVICTION

CONVICTED OF ARSON AND CONVICTED OF A CRIME REQUIRING REGISTRATION AS A SEX OFFENDER

RESULTS OF INQUIRY



Kevin J. McConville
SHERIFF

PUTNAM COUNTY
OFFICE OF THE SHERIFF
AND
CORRECTIONAL FACILITY
THREE COUNTY CENTER
CARMEL, NEW YORK 10512
845-225-4300



Thomas H. Lindert
UNDERSHERIFF

Authorization/Request for Criminal Record/NYS Drivers Record from Non-Police Agency

All the following information must be completed

PLEASE PRINT CLEARLY

Date: _____

Name: _____ DOB: _____

Maiden Name/Other names used: _____

Address: _____
Street # / PO Box City State Zip

Height: _____ Eye Color: _____ MALE OR FEMALE

NEW YORK STATE DRIVER'S LICENSE ID # _____

AUTHORIZATION FOR RELEASE OF CRIMINAL RECORD

I hereby authorize and request the Sheriff of Putnam County to furnish and release any records of the Putnam County Sheriff's Department and Correctional Facility to the agency listed below:

Signature of applicant

Date

Reason Record Check Required: _____

Agency Requesting Record: _____

Address: _____

Signature of Person Requesting Record: _____

PLEASE ATTACH DRIVER'S LICENSE TO APPLICATION.

**KENT FIRE DISTRICT NO. 1
SERVICE AWARD PROGRAM
BENEFICIARY DESIGNATION FORM**

Please read all instructions carefully before completing this form to ensure proper designation of your beneficiaries.

This form is intended for naming or changing your beneficiary. Any death benefit from the Service Award Program will be made payable in accordance with the designation provided below. This information will be relied upon to contact the individual(s) in the event that a death benefit is payable. Please keep a copy of this form for your records and complete a new form if any of the information needs to be updated or changed. Please consult with an attorney before naming a minor or your estate as a beneficiary; typically, death benefits cannot be paid directly to a minor. Please complete this form and return it to the sponsoring municipality or volunteer organization.

KENT FIRE DISTRICT NO. 1
2490 RT. 301
CARMEL, NY 10512-3541

PARTICIPANT INFORMATION

<hr/> Full Name (First, MI, Last)	<hr/> Social Security No.	<hr/> Date of Birth	<hr/> Phone Number / E-mail
<hr/> Mailing Address	<hr/> City	<hr/> State	<hr/> Zip
			<hr/> Fire Company

BENEFICIARY DESIGNATION

Death benefits are paid in entirety to the surviving primary beneficiaries. Benefits are paid to contingent beneficiaries only when there are no surviving primary beneficiaries. Unless percentages are indicated, death benefits will be made payable in equal amounts. If a beneficiary listed is deceased, the corresponding benefit will be made payable to the remaining beneficiaries within that designation, proportional to the original percentages allocated. If more space is needed, please attach an additional form and label it "Addendum."

PRIMARY

Share (%)	Full Name	Relation	Social Security No.	Date of Birth	Mailing Address
____%	_____	_____	_____	_____	_____
____%	_____	_____	_____	_____	_____
____%	_____	_____	_____	_____	_____

CONTINGENT

Share (%)	Full Name	Relation	Social Security No.	Date of Birth	Mailing Address
____%	_____	_____	_____	_____	_____
____%	_____	_____	_____	_____	_____
____%	_____	_____	_____	_____	_____

PARTICIPANT AND WITNESS SIGNATURES

I hereby name the individuals above as my beneficiaries and declare that this designation supersedes all previous designations.

Participant Signature

Date

Witness Signature

Date

Witness must be a Notary, or an Official of the Fire District or Fire Department