



# Woodbury Fire Department Application for Membership



**TO ALL INDIVIDUALS APPLYING FOR MEMBERSHIP IN  
THE WOODBURY FIRE DEPARTMENT**

The following items must be completed before the Chief of Department and the Village of Woodbury Board will consider your application for membership in the Woodbury Fire Department:

1. Complete the attached Fire Department Application Form.
2. Complete the attached Hepatitis B Form.
3. EFFECTIVE APRIL 2000: Complete the attached permission form allowing the Woodbury Fire Department to conduct an Arson Conviction Criminal History investigation.
4. EFFECTIVE APRIL 2005: Complete the attached permission form allowing the Woodbury Fire Department to conduct a Motor Vehicle Driving Record investigation.
5. After completing the above paperwork, contact the Chief of Department to schedule an interview with the Chief, Company Fire Officer, and Company Social Officer (of Perspective Company of membership).
6. After completion of Fire Department interview, contact respective Company Line Officer for authorization to conduct a Fire Department OSHA physical at the designated Woodbury Fire Department physician office (appointment contact information to be attached by Woodbury Fire Department officer).
7. Assemble Fire Department application and OSHA physical forms received from Fire Department physician and submit application to the Fire Department Secretary.
8. Upon terminating membership, all issued Fire Department equipment and property will be returned within 30 days. All items remaining unaccounted for after 30 days will be directly charged to member.
9. Completion of enrollment forms for Length of Service Award Program (LOSAP) must be completed to be eligible for benefit. See Fire Department Secretary for application.

Name: \_\_\_\_\_ Primary Phone No.: \_\_\_\_\_  
Address: \_\_\_\_\_  
NYS DL No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
SS No: \_\_\_\_\_

WOODBURY FIRE DEPARTMENT – APPLICATION FOR MEMBERSHIP

WOODBURY FIRE DEPARTMENT

PO BOX 77

HIGHLAND MILLS, NY 10930

**APPLICATION FOR MEMBERSHIP**

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

1. \_\_\_\_\_  
(Last Name) (First Name) (M.I.)

2. \_\_\_\_\_  
(Address) (Apt. /Suite No.)

\_\_\_\_\_

(Town) (State) (Zip code)

3. Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

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 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. List any other names you have been known by:

\_\_\_\_\_

10. Are you currently employed? Yes \_\_\_\_\_ No \_\_\_\_\_

11. Please indicate your estimated availability to participate in normally required Fire Department activities (emergencies, drills, meetings, social events):

a. Weekdays: 7 AM-3 PM \_\_\_\_\_ 3 PM-11 PM \_\_\_\_\_ 11 PM- 7 AM \_\_\_\_\_

b. Weekends: 7 AM-3 PM \_\_\_\_\_ 3 PM-11 PM \_\_\_\_\_ 11 PM- 7 AM \_\_\_\_\_

WOODBURY FIRE DEPARTMENT – APPLICATION FOR MEMBERSHIP

12. Previous emergency services experience (include only Fire/Rescue, Police, and Emergency Medical Service agencies)

- a. Name of Agency: \_\_\_\_\_
- b. Address: \_\_\_\_\_
- c. Duties: \_\_\_\_\_

13. Have you ever been a member of the U.S. military? Yes \_\_\_\_\_ No \_\_\_\_\_

- a. If 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 is yes, give complete details on an additional attached sheet (including service branch and service dates).*

14. Except for minor traffic violations and adjudications as a youthful offender, have you ever been convicted of an offense against the law? Yes \_\_\_\_\_ No \_\_\_\_\_

*If the above answer is yes, give particulars and disposition of each charge on an additional attached sheet.*

15. Have you ever been convicted of criminal mischief, insurance fraud, arson, or a reduction of any of these offenses? Yes \_\_\_\_\_ No \_\_\_\_\_

*If yes, give particulars and disposition of each charge on an additional attached sheet.*

16. Please list references of people who have known you at least 3 years (Do **Not** include family members):

- a. Name: \_\_\_\_\_ Telephone No: \_\_\_\_\_  
Address: \_\_\_\_\_
- b. Name: \_\_\_\_\_ Telephone No: \_\_\_\_\_  
Address: \_\_\_\_\_
- c. Name: \_\_\_\_\_ Telephone No: \_\_\_\_\_  
Address: \_\_\_\_\_

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

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

**AUTHORIZATION FOR RELEASE OF INFORMATION**

COUNTY OF ORANGE

STATE OF NEW YORK

VILLAGE OF WOODBURY

TO: ANY COURT OF LAW, PROBATION DEPARTMENT, OR POLICE AGENCY.

I, \_\_\_\_\_, having made application with the Woodbury Fire Department, Village of Woodbury, New York for membership in their volunteer fire department, do hereby authorize the Woodbury Fire Department to obtain any records or information regarding my membership application; said information will include arrest and conviction records.

Signed: \_\_\_\_\_

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

Sworn and subscribed before me

the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_

Notary Public or Commissioner of Deeds

***ATTACH PHOTOCOPY OF DRIVER'S LICENSE HERE***

\_\_\_\_\_

**FIRE DEPARTMENT USE ONLY**

Interview Date: \_\_\_\_\_ Chief's Signature: \_\_\_\_\_

Interview Date: \_\_\_\_\_ Line Officer's Signature: \_\_\_\_\_

Interview Date: \_\_\_\_\_ Co. Officer's Signature: \_\_\_\_\_

Accepted by Company on (Date): \_\_\_\_\_

## **HEPATITIS B & VACCINATION FACT SHEET**

FACTS ABOUT HEPATITIS B: Hepatitis B is one of at least three hepatitis viruses causing infection, manifested primarily in the liver. Approximately 5-10% of person who contract acute Hepatitis B will become chronic carriers of the virus, experiencing no symptoms, but still capable of transmitting the disease to others. Serious complications of the virus include massive hepatic necrosis (death of liver tissue or cells), cirrhosis of the liver, chronic active hepatitis, and hepatocellular carcinoma (liver cancer). Certain diseases other than hepatitis have also been associated with Hepatitis B virus infection, including a syndrome with rash, hives, and pain in the joints; polyarteritis nodosa (inflammatory disease of the arteries), membrane glomerulonephritis (inflammatory disease of the kidney); and infantile popular acrodermatitis (inflammation of the skin of the hands and feet). Transmission of Hepatitis B virus infection is often associated with close interpersonal contact with an infected person and with crowded living conditions.

FACTS ABOUT THE VACCINE: The vaccine, Recombiax/Engeric Reconvax-B, derived from yeast, is intended to immunize against infection caused by the Hepatitis B virus. Clinical trials have been conducted, with no serious adverse reactions reported. Reported reactions to the vaccine have included injection site soreness, erythema (redness of the skin), swelling, warmth, or induration (hardness). The symptoms of local inflammation generally subside within two days of vaccination and include low-grade fever, dizziness, myalgia (muscle pain), arthralgia (joint pain), and rarely, rash. Neurological disorders such as paresthesias (burning, prickling sensation) and acute radiculoneuropathy (disease of nerve roots and nerve) including Guillain-Barre Syndrome, have been rarely reported in temporal association with the administration of the vaccine, but no cause and effect relationship has been established.

PRECAUTIONS ASSOCIATED WITH VACCINE: Immunization should be delayed where any serious active infection exists, except when the withholding of the vaccine, in the opinion of the physician, entails a greater risk. Precaution should be exercised in administering the vaccine to individuals with severe cardiopulmonary problems. Pregnancy is not considered a contraindication to the use of the vaccine when clearly needed. Since only non-infectious particles are used in the vaccine, the risk to the fetus is negligible. Caution should be exercised when administering the vaccine to a nursing woman. Heptavax-B has been shown to be well-tolerated and affective in infants and children of all ages, including newborns. However, the combined use of Hepatitis B immune Globulin with one of the vaccines is currently the treatment of choice for infants born to Hepatitis B antigen-positive mothers. Hepatitis B virus vaccine (recombinant is contraindicated in individuals hypersensitive to yeast.)

WHO SHOULD BE VACCINATED? Vaccination is recommended in persons of all ages, especially those who are increased risk of infection with Hepatitis B virus. Examples of increase risk persons are health care personnel, including dentists, oral surgeons, physicians, surgeons, nurses, paramedical personnel, custodial staff exposed to the virus by virtue of contact with blood or other patient specimens, dental hygienists, dental nurses, laboratory personnel handling blood, blood products, and other patients requiring frequent and/or large volume blood transfusions or clotting factor concentrates; residents and staff of institutions for the mentally handicapped; certain intimate contacts of persons who may be prone to Hepatitis B virus; certain

populations with high incidence of the disease, such as Alaskan Eskimos, Indochinese and Haitian refugees; military personnel identified as being an increased risk; morticians and embalmers; blood bank and plasma fractionation workers; persons at increased risk of the disease due to their sexual practices such as persons who repeatedly contract sexually transmitted diseases, homosexually active males and female prostitutes; prisoners; and users of illicit injectable drugs.

DOSAGE: Three doses of vaccine are necessary to achieve immunity from Hepatitis B virus. The first dose may be given at an elected date, the second dose must be given a month thereafter, and the third dose must be given six months after the first dose. Although the duration of protection provided by the vaccine is unknown at present, available data suggest that immunity will last for about five years in patients who have received all three doses, after which time a single booster dose of vaccine may be necessary to maintain immunity (The vaccine may not prevent Hepatitis B in patients whose vaccine regimen is begun after an exposure to Hepatitis B virus has already occurred).

**HEPATITIS B VACCINATION AUTHORIZATION/DECLINATION FOR IMMUNIZATION**

NATURE, PURPOSE, BENEFITS, ALTERNATIVES, RISKS, AND COMPLICATIONS: The nature, purpose, benefits and alternatives of the administration of the Hepatitis B vaccine have been explained to me. I have also been made aware of the risks, consequences, and attendant discomforts which may occur as a result of the administration of the vaccine. I have read all of the above statements concerning the Hepatitis B vaccine. THE FIRE DEPARTMENT ENCOURAGES EMPLOYEES TO CONSULT WITH THEIR PERSONAL PHYSICIAN BEFORE MAKING THEIR DECISION.

NO GUARANTEES: I acknowledge that no guarantees or assurances have been made to me concerning the results intended for the administration of the Hepatitis B vaccine.

UNFORSEEN ADVERSE REACTION: I acknowledge that, as with any vaccine, there is the possibility that broad use of the vaccine could reveal rare adverse reactions not observed in clinical trials. Therefore, while clinical trials have revealed no serious adverse reactions attributable to the vaccination, I understand that there is no way to predict definitely that other serious reactions will not occur from the administration of this vaccine other than those reactions described above.

UNDERSTATING THIS FORM: I have read and fully understand this form. All blank spaces have been completed. I have asked any questions that I may have has, and they have been answered to my satisfaction.

AUTHORIZATION: I hereby authorize the administration of the Hepatitis B vaccine to myself by the Woodbury Fire Department physician.

---

Signature	Print	Date
-----------	-------	------

---

Witness Signature	Print	Date
-------------------	-------	------

DECLINATION: I understand that due to my occupational exposure to blood or other potential infectious materials, I may be at risk of acquiring the Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with the Hepatitis B vaccine, at no charge to myself. However, I decline the Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If, in the future, I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with the Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

---

Signature	Print	Date
-----------	-------	------

---

Witness Signature	Print	Date
-------------------	-------	------



**PERMISSION FORM FOR AN  
ARSON CONVICTION & CRIMINAL HISTORY CHECK**

I, \_\_\_\_\_, hereby authorize the Woodbury Fire Department to conduct an arson conviction and criminal history check on myself.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print

\_\_\_\_\_  
Date

Sworn and subscribed before me

the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public or Commissioner of Deeds

**CONSENT TO OBTAIN MOTOR VEHICLE DRIVING RECORDS FROM THE  
NEW YORK STATE DEPARTMENT OF MOTOR VEHICLES FORM**

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

I, \_\_\_\_\_, understand that the insurance companies which insure the Woodbury Fire Department will obtain copies of my driving records from various state departments of motor vehicles for the purpose of underwriting insurance, adjusting claims, and other purposes related to such insurance. I hereby consent to these companies releasing such information to my Employer. I understand that my Employer shall use such driving records in determining whether to initiate or continue my employment with the Employer. This consent shall be a continuing consent throughout the period during which I am an applicant for employment with, or an employee of my Employer.

Name as it appears on Driver's License: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_

State of Issuance: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Signature: \_\_\_\_\_

Sworn and subscribed before me

the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_

Notary Public or Commissioner of Deeds

**RETURN OF FIRE DEPARTMENT  
EQUIPMENT/PROPERTY AGREEMENT**

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

I, \_\_\_\_\_, hereby state that I understand that when joining the Woodbury Fire Department, the Fire Department will furnish me with the following equipment and property to be used in the performance of my duties as a firefighter. In the event that I resign or am expelled, I hereby agree to return any and all Woodbury Fire Department equipment and property within thirty (30) days as listed below. If I fail to do so, I understand that I will be liable for the equipment at the according fees set by the Woodbury Fire Department, prices subject to inflation.

Pager	\$ 550.00
Personal Protective Equipment (Helmet, Hood, Coat, Pants, Boots, Gloves)	\$ 2500.00
Key Fab (If Applicable)	\$ 20.00
SCBA Mask (If Applicable)	\$ 350.00
Portable Radio (If Applicable)	\$ 1000.00
Dress Uniform (Jacket, Trousers, Cap, Badge, Cap Device, Shoes, Gloves, Tie, Tie Clasp)	\$ 750.00

Signed: \_\_\_\_\_

Sworn and subscribed before me

the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public or Commissioner of Deeds

**EMERGENCY CONTACT INFORMATION FORM**

NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

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

HOME PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

DRIVERS LICENSE NUMBER: \_\_\_\_\_

PERSONAL PHYSICIAN: \_\_\_\_\_

PHYSICIAN PHONE NUMBER: \_\_\_\_\_

MEDICAL INSURANCE CARRIER: \_\_\_\_\_

INSURANCE COMPANY POLICY NUMBER: \_\_\_\_\_

RELIGION: \_\_\_\_\_

BLOOD TYPE: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

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

MEDICATIONS: \_\_\_\_\_

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

IN CASE OF EMERGENCY:

CONTACT NAME: \_\_\_\_\_

CONTACT HOME PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

**WOODBURY FIRE DEPARTMENT ELECTRONIC  
NOTIFICATION CONTACT FORM**

Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone Carrier: \_\_\_\_\_

Do you wish to receive Woodbury Fire Department text notifications for emergency dispatches and announcements, with all service fees and charges covered by the individual member?

\*\*\* Notifications received by text message serve as an additional form of notification regarding emergency calls secondary to the pager device issued to all members. The Woodbury Fire Department highly recommends that all members receive text notification as well as the through the primary paging system.

Yes \_\_\_\_\_ No \_\_\_\_\_

Email: \_\_\_\_\_

Do you wish to receive Woodbury Fire Department bulletins and notifications via email for the purpose of department business and training?

Yes \_\_\_\_\_ No \_\_\_\_\_

**WOODBURY FIRE DEPARTMENT  
BEST PRACTICES KNOWLEDGE AGREEMENT FORM**

As a condition of employment, I agree to:

1. I will receive, review, and agree to comply with Woodbury Fire Department Best Practices Policies and Procedures.
2. I will participate in all operations and events strictly in accordance with Woodbury Fire Department Best Practices.
3. I will fully support and make all efforts to support the culture of safety emphasized in the Woodbury Fire Department Best Practices.
4. I will not misrepresent my identity or knowingly act outside of the scope of my duties and rank as a member of the Fire Department.
5. I will report to my immediate supervisor any known breaches of Woodbury Fire Department Best Practices coming to my attention.
6. I understand that breaches of Woodbury Fire Department Best Practices by me may result in immediate suspension from active service, and may result in loss of employment or other discipline by Fire Department.
7. This agreement shall remain in effect until member's employment with the Woodbury Fire Department is terminated by retirement, resignation, or dismissal.

---

Member Signature

---

Printed Name

---

Officer Signature

---

Printed Name & Rank

---

Date