



## MT. MARION FIRE DEPARTMENT SAVING LIVES AND PROPERTY SINCE 1947

Dear Prospective Member,

Thank you for your interest in becoming a member of the Mount Marion Fire Department (MMFD) / District. Few jobs offer you the opportunity to save a life, but as a volunteer firefighter or emergency responder, you could be called upon to do so at a moments notice at any time of the day. The men and women who make up the MMFD all share a common interest – the desire to help others in need. This year we will respond to 150 plus emergencies and will help prevent many more.

Here is the application for membership which you requested. Please complete it in full and submit it with a check in the amount of \$4.00 (non-refundable) made payable to the Mount Marion Fire Department. The application may be returned to a Chief Officer of the Fire Department or mailed to the Chief at the address below. If you are between the ages of 16 and 18 years of age, a parent/guardian consent form must accompany your application.

Once your application is received, it is reviewed by the membership committee, background and arson checks are conducted, and your membership is then presented to the Fire Department at its regular monthly meeting. This process can take from five to eight weeks. During this period you may be contacted to attend an orientation where any questions you may have will be answered.

If you need additional information, please contact us at the phone number provided below. Thank you again for your interest in the MMFD. We look forward to welcoming you into our ranks in the near future.

*Mount Marion Fire Department  
PO Box 75  
Mount Marion, NY 12456  
(845) 246-2290 TDD: Dial 711 [www.mtmarionfd.org](http://www.mtmarionfd.org)*



**MT. MARION FIRE DEPARTMENT**  
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## Application for Membership

PLEASE PRINT ALL INFORMATION IN **BLOCK CAPITAL LETTERS**

\_\_\_\_\_  
(Last Name) (First Name) (Middle)

\_\_\_\_\_  
(Current Street Address - NO P.O. Boxes)

\_\_\_\_\_  
(City/Town/Village) (State) (Zip Code)

\_\_\_\_\_  
(Home Phone) (Work Phone) (Cell or Other Phone)

\_\_\_\_\_  
(Previous Address if lived at current address for less than 2 years)

How long have you resided at current address? \_\_\_\_\_ Years \_\_\_\_\_ Months.

How long have you resided in New York State? \_\_\_\_\_ Years \_\_\_\_\_ Months.

Are you 18 years of age or older? (Circle one) YES / NO. If NO, state your age \_\_\_\_\_.

List any other names or aliases you have been known by \_\_\_\_\_.

Do you have a valid New York State Drivers License? (Circle One) YES / NO.

\_\_\_\_\_  
(License #) (Class) (Restrictions) (Expires) (Date of Birth)

H  
Has your driver's license ever been revoked or suspended? (Circle One) YES / NO.

If YES, please explain: \_\_\_\_\_

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

Enter Below all Firefighter, Police, EMT, Paramedic or other relevant training:  
Please provide a copy of any Training Certificates if available.

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Type of Certification	Date received	Expiration Date	Issuing Agency	Remarks

List any work experience related to the duties of a fire company member.  
Begin with your most recent and work back

Employer and complete address	Position Held	Dates Employed	Supervisor	Phone Number

Have you ever been dismissed or forced to resign from any position? (Circle one) YES / NO  
If YES, please explain in the space below.

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Have you ever been convicted or pled guilty to any felony misdemeanor, insurance fraud, arson, sex offense, or a reduction of any of these offenses? (Circle one) YES / NO If YES, please provide complete details in the "Additional Information" section of this application.

Have you ever been a member of the United States Armed Forces? (Circle one) YES / NO  
If YES, please complete the following:

Service Number	Branch of Service	Rank	Dates of Service	Type of Discharge

Please list the names of any friends or acquaintance (if any) that are members of the MMFD.

Name of Member	Contact Phone Number

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Please list three personal references, **other than** members of the MMFD who have known you for at least three years:

Name	Address	Phone Number

Have you ever previously applied for membership in, or been a member of, this or any other fire department, ambulance corps, or similar organization? (Circle one) YES / NO  
If yes, please provide information below:

Name of Department	Address	Supervisor	Service Dates

Please provide you **EMERGENCY CONTACT** information below:

Name	Relation	Phone Number	Address

OSHA regulations require that any applicant pass a physical examination before becoming an active firefighter. This physical will be paid for by the Mount Marion Fire District. While the

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district may approve any applicant prior to receiving written proof and results of this physical, no applicant will be allowed to engage in any fire district activities until written proof and results of this physical are received by the district.

Area of interest (Check one):  Firefighter / Fire Police  
 Social Member

### ADDITIONAL INFORMATION

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I hereby affirm, under penalty of perjury, that all the information provided on this application is truthful and accurate. I understand that each statement will be investigated. Any inaccurate, falsified or misleading statement or answer, whether by commission or omission, may result in rejection of this application or dismissal from the Mount Marion Fire Department.

\_\_\_\_\_

(Print applicant's name) (Applicant's Signature) (Date)

Subscribed and sworn to before me  
This \_\_\_\_ day of \_\_\_\_, 20\_\_.  
(Notary Public)

#### Freedom of Information Act Notice:

All information contained herein, will remain confidential and will be utilized solely for internal membership processing.

#### 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 on you is found in Article 6 of the NYS state Executive Law.

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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 personal file (if you become a member of the Mount Marion Fire Department / District; or be maintained in our inactive file for a period of six months (if you do not become a member). Failure to provide any of the requested information or authorization may result in your application being rejected. All information will be maintained by the Mount Marion Fire Department at the address below.

\*\*\*\*\*  
\*\*\*\*\***DO NOT WRITE IN THE SPACE BELOW**\*\*\*\*\*  
\*\*\*\*\*

Date completed application received: \_\_\_\_\_

Background Check: CLEAR / NC

Arson Check: CLEAR / NC

Date applicant proposed to District: \_\_\_\_\_

Date applicant voted on by District: \_\_\_\_\_

Circle one: Approved / Disapproved

By Company vote of \_\_\_\_\_ YEA \_\_\_\_\_ Nay

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

Commissioner approval (Initial): \_\_\_\_\_

Authorization for release of information:

In order to confirm the information which I have supplied to the Mount Marion Fire Department, I hereby authorize all licensing agencies, educational institutions, law enforcement agencies, present and former employers, and military services to disclose their relevant records about me to the Mount Marion Fire Department whether the information be of public, private or confidential nature, and I release them from any liability in so doing.

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This authorization 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.

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(Print Applicant's Name)

(Applicant's Signature)

(Date)

Subscribed to me and sworn to before me,  
this, \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

(Notary Public)

## **Parent / Guardian Consent for Members under the Age of 18**

Your Son / Daughter \_\_\_\_\_ (please print name) has applied for membership in the Mount Marion Fire Department as a Firefighter.

During the first year as a Firefighter, there are several classes that will be required. Classes will be held weekday evenings and on weekends. As a firefighter under the age of 18, your son or daughter will not be permitted to engage in interior structural firefighter duties, but will be required to perform exterior support duties excluding roof operations. Members under the age of 18 are required to maintain passing school grades. If this is not achieved, after being voted into the membership ranks of the MMFD, their membership will be suspended until further review.

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As a member of the MMFD, your son or daughter will be a part of an organization which is dedicated to the preservation of life and property in our community, The Mount Marion Fire District. They will also be given the opportunity to build a foundation for future careers as firefighters, police officers, emergency medical service personnel, and social workers.

Attached is a Parent / Guardian authorization form for you to fill out and sign. Please review the main application and sign under your Son or Daughter's Signature.

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### Parent / Guardian Consent for Members under the Age of 18

I, \_\_\_\_\_ (Circle one) DO / DO NOT  
(Parent / guardian's name- Please Print)

authorize my Son / Daughter \_\_\_\_\_ to apply for  
(Applicant's name – please print)

membership in the Mount Marion Fire Department/ District.

\_\_\_\_\_  
Signature of Parent / Guardian                      Date

\_\_\_\_\_  
(Print Applicant's name)

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Date)

Subscribed to me and sworn to before me,  
this, \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.  
(Notary Public)