

Peekskill Fire Department

Volunteer Firefighter Application



Name: _____

Address: _____

City/State/Zip: _____

Home Phone #: _____

Business Phone #: _____

Cell Phone #: _____

Email Address: _____

Application Revised 5/10/22

**CITY OF PEEKSKILL
FIRE DEPARTMENT**

*James E. Seymour IV
Chief of Department*

*James Sniffen
Assistant Chief*



*Tel 914-737-2760
Fax 914-737-0330*

1141 Main Street
Peekskill, NY 10566

Dear Prospective Volunteer Firefighter:

The purpose of this letter of introduction is to inform you of the steps involved in becoming a Volunteer Firefighter with the City of Peekskill Fire Department.

You should be aware that sensitive and confidential aspects of your personal life will be treated as such but may be explored during the process. The process is expected to take 30 to 60 days. (Longer intervals are possible in many cases).

Candidates must successfully complete each step of the process before being accepted. Elements in the acceptance process shall include, but are not limited to:

- 1) Candidates must attend one department training session with the Municipal Training Officer in order to observe operational aspects related to firefighting and to learn more about the department.
- 2) Completing the application: Candidates must complete the application in its entirety. Do **NOT** fax the *NYS Division of Homeland Security & Emergency Services/Office of Fire Prevention & Control - Volunteer Firefighter Inquiry Form*. ***The Fire Chief will fax it to NYS upon receipt of your completed application packet.***
- 3) Once you receive clearance from the Fire Chief or his designee, you must then submit information as part of a more extensive criminal background check. You will be provided information regarding the fingerprint process.
- 4) Thereafter, you will be interviewed by the Fire Chief and Assistant Fire Chief.
- 5) Based upon the above, a conditional offer of membership may be extended by the Fire Chief.
- 6) Once given a conditional offer of membership an entry physical examination will be arranged with the Fire Department Surgeon. Physical examinations are required initially and on an annual basis thereafter.

- 7) Upon successful completion of all requirements, you will be accepted for probationary membership as a Volunteer Firefighter and ready to initiate firefighter training.

Please review this entire application with a Volunteer Officer and be sure to ask questions where necessary.

Thank you for your interest in the Peekskill Fire Department, and best of luck with the application process.

Sincerely,

James E. Seymour IV

James E. Seymour IV
Chief of Department

Application for Membership

PEEKSKILL FIRE DEPARTMENT

I, _____

DO HEREBY MAKE APPLICATION FOR MEMBERSHIP IN THE PEEKSKILL FIRE DEPARTMENT.

I make this application knowing membership in the department imposes obligations and duties to the community and fire department. My profession, vocation or employment will not constitute any foreseeable conflict with my ability to attend the regular department meetings and training drills throughout the year, knowing that failure to attend such meetings and drills, and attendance at fires when summoned, unless excused for good cause, constitute grounds for termination of membership. I agree to abide by and conform to the Operations Manual and Training Manual and other regulations of the Fire Department and will obey to the best of my ability the lawful order of the Officers of the Fire Department. I understand that the sole purpose of membership in the Fire Department is to protect life and property in the City from fire, disasters and other emergencies. I am willing to do the work and accept the risks that this membership requires.

To the best of my knowledge, I am enjoying good physical health, will submit to a department medical exam and provide the fire department physician with any requested supplemental medical records or specialty consultation as requested. I make this application without any mental reservations and with the understanding that membership does not vest me with the right to material benefits and solely from a desire to render service to my community.

SIGNATURE:

NAME:

Type or Print

DATE: _____

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1. Date _____

2. Social Security # _____

3. Name: _____

4. Address: _____

5. Number of years at above address _____

Previous New York addresses for the past five years:

6. Date of Birth: _____

7. List organizations you are a member of that in your opinion pertain to fire fighting (excluding political or religious organizations).

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15. Do any members of your family work for the City of Peekskill? _____

Name/Department:

16. Present Employment:

Name and Type of Business:

Address & Zip:

Employment Date:

Job Description:

17. Have you ever been convicted of a crime? If Yes, explain:

18. Have you ever been a witness to/in a criminal case proceeding?

If Yes, explain: _____

19. Do you possess a Valid New York State Driver's License?

Yes _____ No _____

Driver's License number _____

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20. Other than parking, have you ever been convicted of any traffic violations?

Yes _____ No _____ If Yes, give location, date and violation:

21. Do you have a pistol permit? _____ Permit # _____

22. Military Service: Yes: _____ No: _____

Date entered: _____ Date Discharged: _____

Rank: _____

Branch of Service: _____ Type of Discharge: _____

Are you still a member of the Armed Forces? _____ Explain:

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23. In paragraph form and your own handwriting, state your reasons for considering service as a volunteer firefighter:

NOTICE: FALSE STATEMENTS MADE IN THIS APPLICATION MAY BE USED AS CAUSE TO REJECT YOU AS A MEMBER.

Date: _____

Applicant's Signature

Proposed By: _____
Name Signature

Department interview conducted by: _____
(*Department interview must be conducted by the Fire Chief or Designee*)

Interviewed on: _____ Date

Application Approved / Disapproved by: _____ Date
James E. Seymour IV
Chief of Department

**STATE OF NEW YORK
COUNTY OF WESTCHESTER
CITY OF PEEKSKILL**

VERIFICATION AFFIDAVIT

I, _____ (Applicant), state as follows:

1. I certify that the information on this application is true and complete to the best of my knowledge. I voluntarily authorize the Peekskill Fire Department, Peekskill, New York, the right to use this application on the conduct of any inquiry of my activities.
2. I hereby release the Peekskill Fire Department, Peekskill, New York from any liability or responsibility to make such inquiry. I hereby acknowledge that false statements or omissions of material facts may be sufficient cause for rejection of my application.
3. I authorize and request any and all of my former employers, schools, law enforcement agencies and any other person to furnish the Peekskill Fire Department, Peekskill, New York, any information they may have concerning my character, ability, business activities, reputation, personal characteristics, educational history, together with, and reason for termination thereof.
4. I hereby release each such individual and organization from any and all liability to whatsoever nature by reason of furnishing information to the Peekskill Fire Department, Peekskill, New York.

DATED: _____

Applicant's Signature

WITNESS:

WITNESS:



AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, do hereby authorize a review of and full disclosure of all records concerning myself to the City of Peekskill Fire Department, Peekskill, New York, whether the said records are of public or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure of records of educational institutions, including medical treatments, United States Veterans Administration, Navy, Army, Air Force, Coast Guard, Military Reserves, Welfare and Unemployment Services, employment records, criminal records, records of recollection of attorneys at law or of other counsel whether representing me or another person in any case, either criminal or civil, in which I had an interest. I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for acceptance by the City of Peekskill Fire Department. I also certify that any person(s) who may furnish such information and do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. I release the City of Peekskill Fire Department, Peekskill, New York from any liability which may be incurred as a result of collecting such information.

A PHOTOCOPY OF THIS RELEASE WILL BE VALID AS AN ORIGINAL THEREOF, EVEN THOUGH THE SAID PHOTOCOPY DOES NOT CONTAIN WRITING OF MY SIGNATURE

I have read and fully understand the contents of this "Authorization for Release of Personal Information".

Signature of Applicant: _____ Date _____

WITNESS: _____
Name Signature

WITNESS: _____
Name Signature

**James E. Seymour IV, Fire Chief
Peekskill Fire Department**

**STATE OF NEW YORK
COUNTY OF WESTCHESTER
CITY OF PEEKSKILL**

VERIFICATION AFFIDAVIT

**CITY OF PEEKSKILL
FIRE DEPARTMENT**

*James E. Seymour IV
Chief of Department*

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Assistant Chief*



*Tel 914-737-2760
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1141 Main Street
Peekskill, NY 10566

INFORMATION FOR ID CARD

Employee ID No: _____

Company: _____

Tracking: _____

Last Name: _____

First Name: _____

Middle Initial: _____

Height: _____

Hair Color: _____

Eye Color: _____

Weight: _____

Date of Birth: _____

Interior/Exterior: _____

Rank: VOLUNTEER FF _____

Address: _____



**NYS Division of Homeland Security and
Emergency Services
Office of Fire Prevention and Control**

**Volunteer Firefighter Inquiry Form
Westchester County Agencies**

OFFPC USE ONLY	Date/Time Stamp
EJustice#	

***NOTE: ALL FIELDS IN SECTIONS 1 & 2 MUST BE COMPLETED
PLEASE TYPE OR PRINT NEATLY**

FAX completed form directly to OFPC Investigation Unit @ (518) 242-3746

Section 1: Fire Department Information

Name:	Date:	
Street Address:		
Post Office:	State:	Zip:
Daytime Phone Number:	Fax Number:	
PRINT Name of Requesting Chief Officer:		
Signature:	Title:	

Section 2: Applicant Information

Last Name:	First:	MI:
Street Address:		
Post Office:	State:	Zip:
Alias or Maiden Name:	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary <input type="checkbox"/>	Height: ___ Ft. ___ In.
Race/Appearance: White <input type="checkbox"/> Black <input type="checkbox"/> Indian <input type="checkbox"/> Asian <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/>		
DOB: / /	Ethnicity: Hispanic <input type="checkbox"/> Not Hispanic <input type="checkbox"/>	Social Security Number:

INVESTIGATING OFPC OFFICER:	DATE:
INVESTIGATING OFPC OFFICER SIGNATURE:	
RESULTS OF INQUIRY	<input type="checkbox"/> No Record of Arson Conviction; and No Record of Conviction Requiring Registration as a Sex Offender PROCEED WITH APPLICATION PROCESS
	<input type="checkbox"/> Arson Conviction Found APPLICANT MAY NOT JOIN VOLUNTEER FIRE DEPT.
	<input type="checkbox"/> Convicted of a Crime Requiring Registration as a Sex Offender; Fire Company shall refer to Correction Law §§752 and 753 to determine eligibility. Fire Company contact the Sex Offender Registry at 800-262-3257 to learn more.
	<input type="checkbox"/> Arson and/or registerable sex offense case is pending adjudication APPLICANT / TRANSFEREE APPROVAL MUST BE DELAYED

