

The many benefits for volunteering for the Nesconset Fire Department include:

- All training provided free of charge by the Nesconset Fire District
- New York State Emergency Medical Technician (EMT) Certification
  - With opportunity to advance to New York State Paramedic
- \$50,000 life insurance policy provided by the fire district while an active member
  - After 20 years of active service, member maintains the policy for life
- Numerous training courses provided are worth college credit
- College tuition reimbursement incentives
- Pension; Vested after 5 years of service payable at 55 years of age
  - Amounts vary according to years of service current max of \$800/month for 10 years for \$96,000
- Benevolent Association Membership
- Annual \$200 medical expense reimbursement
- \$150 annual gift card issued every December
- Life and disability insurance, if injured in the line of duty
- Property tax discount / Income tax credit

# Thank you for your interest in joining the Nesconset Volunteer Fire Department.

Please carefully read and fill out the attached application. Pay special attention to the areas that require a Notary Public Signature.

*When submitting the application you must include the following:*

**3 copies of your New York State Driver's License**  
(If your address is different or you have a PO Box on your license – you must provide proof of residency within the Nesconset Fire District)

**&**

## **Two Checks or Money Orders**

(To be returned if the application is not accepted)

- (1) Amount \$20.00 made payable to the "Nesconset FD Benevolent Association"
- (2) Amount \$5.00 made payable to the "Nesconset Fire Department"

Please understand that if any of the information is not correctly filled out, or if the items mentioned above are not received, your application process will be delayed

We'll be in touch.  
Thank You!

# NESCONSET VOLUNTEER FIRE DEPARTMENT

25 Gibbs Pond Road, Nesconset, NY 11767 631.265.1428

## APPLICATION FOR MEMBERSHIP

This application will be considered without regard for the applicant's race, creed, color, sex or national origin.

*PLEASE PRINT OR TYPE ALL INFORMATION CLEARLY, USING BLACK INK*

I, \_\_\_\_\_ respectfully apply for membership (reinstatement as a member) in the Nesconset Volunteer Fire Department. I declare, upon my honor, that I have read Article V, Section 1-4 of the Nesconset Volunteer Fire Department, Inc. By Laws (enclosed in this application) and the following information below is correct.

Name (in full) \_\_\_\_\_  
Last First Middle Initial

Maiden Name (if applicable) \_\_\_\_\_ Nick Name \_\_\_\_\_

Residence Address \_\_\_\_\_  
Street City State Zip

Mailing Address (if different from above) \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Email \_\_\_\_\_

Position Applying for: Firefighter/EMT \_\_\_\_\_ Emergency Medical Technician \_\_\_\_\_

Reason for joining the fire department \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Time available for answering alarms \_\_\_\_\_

Are you affiliated with any Firefighter's Organizations? \_\_\_\_\_ If so, state full particulars:  
\_\_\_\_\_  
\_\_\_\_\_

### In Case of Emergency Contact:

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

Relationship \_\_\_\_\_ Relationship \_\_\_\_\_

Phone # 1 \_\_\_\_\_ Phone # 1 \_\_\_\_\_

Phone # 2 \_\_\_\_\_ Phone # 2 \_\_\_\_\_

If between the ages of 18 and 25, have you registered for the Draft? \_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_

Do you have any medical conditions that would prevent you from performing the duties of a firefighter or emergency medical care provider?

Yes or No

NY State Driver's License Number \_\_\_\_\_ Class \_\_\_\_\_ Exp. \_\_\_/\_\_\_/\_\_\_

Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Place of Birth \_\_\_\_\_

Employment History:

Name and Place of Business \_\_\_\_\_

Occupation \_\_\_\_\_ Dates Employed: \_\_\_\_\_ to \_\_\_\_\_

Name and Place of Business \_\_\_\_\_

Occupation \_\_\_\_\_ Dates Employed: \_\_\_\_\_ to \_\_\_\_\_

Name and Place of Business \_\_\_\_\_

Occupation \_\_\_\_\_ Dates Employed: \_\_\_\_\_ to \_\_\_\_\_

Education: Name of School, Degree/Diploma, Graduation Date

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

List three (3) personal references not related or living with you:

Name: \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name: \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name: \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

I certify the statements are true and correct, and if chosen for membership, I promise to obey the rules and regulations governing the Nesconset Fire District and Nesconset Fire Department, and the company to which I am assigned, and to take care of any and all equipment that may be issued to me, and return same upon my termination of service. I also understand that any false statements made on this application may lead to my immediate dismissal or rejection.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Applicant's Signature

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Notary Public

# NESCONSET VOLUNTEER FIRE DEPARTMENT

## Article V. Membership

Section 1. Any citizen attaining the age of eighteen (18) years who has not attained his/her 56<sup>th</sup> year of age, having good moral character, being in good physical condition and residing within the limits of the Nesconset Fire District shall be eligible to apply for membership.

Any person elected to membership in the Department shall be a resident of the Nesconset Fire District or of the territories outside of the Nesconset Fire District, which is afforded protection by the Nesconset Fire Department. Membership shall terminate when a member ceased to be a resident of the Nesconset Fire District or of any territory afforded protection by the Nesconset Fire Department except as provided below.

The Department may authorize the continued membership of any member where such a member notifies the Secretary of the Department that he/she plans to change his/her residence to a territory not in the Fire District and not protected under contract with the Nesconset Fire District, and that by reason of his/her residence in the vicinity or usual occupation that he/she will still be available to render active service as a volunteer firefighter in the Nesconset Fire District or the territories protected by it. Such authorization must be approved by a three-fourth's vote of the membership of the Department present and voting at a regular meeting thereof. In addition, such authorization shall not become effective unless further approved by resolution of the Board of Fire Commissioners. Any continued pursuant to this subdivision shall terminate when the member cannot meet the requirements thereof. Additionally, the membership of any volunteer firefighter shall not be continued pursuant to this subsection and said person shall not be permitted to retain membership if, by so doing, the percentage of such non-resident members in the Department would exceed 15% of the actual membership of the Department.

Section 2. Any person applying for membership in the Nesconset Fire Department who served honorably as a Volunteer or Paid Firefighter or Retired Firefighter of a paid department and who now resides in the Nesconset Fire District or in the areas protected by it, is eligible to membership in the Department and shall also be subject to probationary rules as a new member.

Section 3. Any person applying for membership in the Nesconset Fire Department will be required to have a physical examination by the physician selected by the Board of Fire Commissioners. In addition, after completion of an application for membership and the payment of any fees associated therewith, said applicant will be reviewed by a Department Investigation Committee who shall thereafter report to the Department at a regularly scheduled meeting, the findings of their investigation and their recommendation for or against membership. The investigation committee shall be composed of one member of the Chief's Office, one officer from each of the Fire Department's Companies, and one desk officer. A member shall be elected by a two-thirds majority floor vote of the membership present and voting at a regularly meeting thereof. In the event that an applicant fails to obtain the necessary number of votes for membership, said applicant shall be precluded from reapplying for membership for a period of one year from said vote.

Section 4. New members shall serve a probationary period of eighteen (18) months during which period they shall be required to attend the classes held by the Suffolk County Fire Academy to obtain Firefighter I certification, New York State curriculum classes to obtain EMT-B certification, and/or other schools and drills ordered by the Chiefs and Company Officers. If after the expiration of the 18 month probationary period the probationary member shall not completed his/her probationary requirements heretofore set forth, the Chief, at his/her sole discretion, may grant the probationary member an additional 6 months to complete his her probationary requirements. In the event following the elapse of the 18 month probationary period or the elapse of the 6 month extension, if granted, the probationary member has not satisfactorily met his/her probationary requirements, then he/she shall be dismissed from the Fire Department subject to final review by the Board of Fire Commissioners.

## OBLIGATION

I have read the Constitution and By-Laws, Rules and Regulations of the Nesconset Fire Department and find nothing therein contained which might conflict with my religious, moral, civic or private life.

Furthermore, if I am elected to membership, I do promise to faithfully adhere to be governed in all its meetings or whoever I may be called in the performance of my duty, by the Constitution and By-Laws, Rules and Regulations of the Nesconset Fire Department, now in force, or any Constitution and By-Laws, Rules and Regulations which hereafter may be adopted.

Signature \_\_\_\_\_

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

**Nesconset Volunteer Exempt  
Firefighter's Benevolent Association**  
25 Gibbs Pond Road, Nesconset, NY 11767

**MEMBERSHIP APPLICATION**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Street Address \_\_\_\_\_  
Town \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Phone \_\_\_\_\_  
Social Security # \_\_\_\_\_

FEE: Initiation \$20.00 Non-Refundable, unless not accepted for membership  
(Attach check made payable to "Nesconset Volunteer Exempt Firefighter's Benevolent Association" to this application)

Beneficiary Designation

General Conditions of Designation

This Designation of Beneficiary may be changed by filing a new Designation. No designation shall be effective unless filed with this Benevolent Association's Secretary. Where more than one Primary Beneficiary is designated, distributions will be made in equal amounts, unless otherwise indicated, among those Primary Beneficiaries who are alive at the time of distribution. If a designated Primary Beneficiary is not alive at the time of the distribution, his or her share will be added to the share of each surviving Primary Beneficiary that is alive at the time of distribution, distribution will be made in the same basis to Designated Secondary Beneficiaries.

In accordance with the conditions listed above, I hereby designate the following as Beneficiary (ies):

PRIMARY BENEFICIARY (IES)

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Telephone # \_\_\_\_\_  
Social Security # \_\_\_\_\_ % Share of Proceeds \_\_\_\_\_
2. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Telephone # \_\_\_\_\_  
Social Security # \_\_\_\_\_ % Share of Proceeds \_\_\_\_\_
3. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Telephone # \_\_\_\_\_  
Social Security # \_\_\_\_\_ % Share of Proceeds \_\_\_\_\_

SECONDARY BENEFICIARY (IES)

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Telephone # \_\_\_\_\_  
Social Security # \_\_\_\_\_ % Share of Proceeds \_\_\_\_\_
2. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Telephone # \_\_\_\_\_  
Social Security # \_\_\_\_\_ % Share of Proceeds \_\_\_\_\_
3. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Telephone # \_\_\_\_\_  
Social Security # \_\_\_\_\_ % Share of Proceeds \_\_\_\_\_

I reserve the Right to Change this Designation at any Time:

Signature of Member \_\_\_\_\_ Date Signed \_\_\_\_\_

**SUFFOLK COUNTY VOLUNTEER RECRUITMENT  
PROGRAM  
VOLUNTEER PROFILE**

Name \_\_\_\_\_

Home Address \_\_\_\_\_

Town/State/Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Date of Birth \_\_/\_\_/\_\_

E-Mail \_\_\_\_\_

Name of Employer \_\_\_\_\_

Business Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Business Phone \_\_\_\_\_

I prefer to be contacted at: \_\_\_\_\_ Home \_\_\_\_\_ Business

Education: (Yes or No)

High School \_\_\_\_\_ Some College \_\_\_\_\_ College Graduate \_\_\_\_\_ Graduate Studies \_\_\_\_\_

Previous Experience: (Yes or No)

Fire \_\_\_\_\_ EMS \_\_\_\_\_ Rescue \_\_\_\_\_ Medical \_\_\_\_\_ Other \_\_\_\_\_

Reason for Volunteering: (Please check one)

Department Member referred \_\_\_\_\_ TV/Radio Ads \_\_\_\_\_ Website \_\_\_\_\_

Newspaper Ads \_\_\_\_\_ Family Member \_\_\_\_\_ Friend \_\_\_\_\_

Other \_\_\_\_\_

**Agency/FRES use only**

Agency Generated \_\_\_\_\_ Start Date: / / 30 Days \_\_\_\_ (initial)

FRES Generated \_\_\_\_\_ Application \_\_\_\_ (yes) Date: / / 90 Days \_\_\_\_ (initial)

Received by \_\_\_\_\_ (no) Follow-up Date: / / 180 Days \_\_\_\_ (initial)

Agency \_\_\_\_\_ Date of Referral: / / Full Membership \_\_\_\_

Please mail (PO Box 127, Yaphank, NY 11980), e-mail ([ryan.murphy@suffolkcountyny.gov](mailto:ryan.murphy@suffolkcountyny.gov)) or fax (631-852-4922) a copy of this profile.

**DISCLOSURE AND RELEASE**

In connections with my application for membership or employment (including contracts for services) with the NESCONSET FIRE DEPARTMENT, I understand that consumer reports, which may contain public record information, may be requested and obtained. These reports may include information related to my previous driving record including court actions, citations, license suspensions and revocations.

**I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED TO FURNISH THE ABOVE MENTIONED INFORMATION.**

I have the right to obtain information as to the name, address and phone number of any agency providing such information and further, may request of that agency, upon proper identification, the nature and substance of all information in its files on me at the time of my request, including all sources of information as well as the recipients of any reports on me which that agency has previously furnished within the two (2) years preceding my request.

This authorization shall remain on file and shall serve as ongoing authorization for the organization to procure Motor Vehicle Reports at any time during my employment, membership, or contract period.

_____	_____
Print Name	Social Security Number
_____	_____
Signature	Date
_____	_____
Driver's License Number	State



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Nesconset Fire Department, Inc.  
Office of the President

25 Gibbs Pond Road  
Nesconset, NY 11767  
631-265-1428

I hereby authorize the Suffolk County Police Department to perform an arrest records check, including sealed records, if any, and I authorize the release of this information directly to the above named fire department.

(Please Print)

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

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

Place of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Notary Signature \_\_\_\_\_

Date \_\_\_\_\_