



## Carmel Fire Department, Inc.

94 Gleneida Avenue  
Carmel, New York 10512  
(845) 225-5100  
FAX: 845-225-2252

Established 1915

# So You Want to be a Firefighter!

Thanks for stopping by to find out how to become a firefighter. Attached is our application, but first a little background about the department and the requirements to become a firefighter.

For more than 100 years the Carmel Fire Department has been protecting the residence of the Hamlet of Carmel. 24 hours a day the men and women who make up the department respond to help in the time of need. So you would like to be part of this too, let's give you some details and the application and get you started.

The Carmel Fire Departments is made up of more than 70 men and women who train year round to respond to fires, accidents, medical emergencies and to assist when help is needed. Our Headquarters is located here at 94 Glenida Avenue that houses all of our emergency vehicles. Our regular drill times are Tuesday nights and Sunday mornings, but there are activities going on most nights and weekends at the fire house.

**So how do you join**, you must be 18 years old at a minimum. Please fill out the application and get it back to us. Soon after we will contact you to come in for an interview. The interview will be with our Membership Committee that consists of a variety of members in our department. We will be interested in why you want to join our department and become firefighters, additionally we will describe the training and expectations to becoming a member. This is a great opportunity for you to ask any questions about becoming a member.

Once our Membership Committee receives all your paperwork and you have completed your interview they will ask you to go for a physical. Fire Fighting is a very demanding job, you will be sent to our department doctor who will do a complete physical to insure you are ready to handle the rigors of the job.

At that point if you have passed the requirements of our physical, you will be brought to vote by our department. All new potential members are voted in by the membership to become a probationary firefighter.

Please remember we are all volunteers with full time jobs and the process above could take a few months to complete, we will move along as fast as we can!

### **Now what!**

Welcome! Once you are voted in we will contact you to come meet with our New Member/Probationary group. This group consists of Officers and Firefighters who will train and assist you through your Probationary period. They will set up an initial meeting to issue you gear as well as detail the training and expectations.

First off you will be required to attend our Probationary Member Training Program. This will consist of approximately 8 classes that last anywhere from 2 to 3 hours. You will be instructed and trained on all the basics of firefighting and also prepare you for your state firefighting training. Additionally you will attend a Department CPR class, we present these quarterly and you will be enrolled at a time that fits the training schedule.

During this time you will be asked to attend as many drills and activities as you can. **Your family is your most important priority** and we understand when you cannot attend.

Now you are ready to start your first step to be certified as a firefighter. You will be required to take the New York State Firefighter 1 program that consists of 3 classes over several months. The members of the Carmel Fire Department will assist you in all your training to successful completion.

**How much time do I have to commit?** Training is a critical part of your first year as we prepare you to be an interior certified firefighter. This is an overview of your first 12 to 18 months:

**Probationary Firefighter class – 36 hours (including CPR)**

**Basic Exterior Firefighting Operations (BEFO) – 79 hours**

**SCBA/Interior Firefighting Operations – 50 hours**

**Firefighter Survival – 12 hours**

**Monthly Department Drills & Training – 63 hours**

**Total training hours 240 hours**

**Please Note: These are the requirements to achieve Firefighter 1 status, probationary members are encouraged to attend all department drills and events and respond to fire calls as available.**

**What else do we do!** In addition to firefighting, we participate in many community events, department open house and during Fire Safety month (October) we visit the local schools to teach fire safety to the children.

We also have a casual side, during the year we have our annual Installation of Officers Dinner, Golf Tournament, Department Family Picnic, various holiday parties and more. Before our monthly meeting we have a department dinner and often during the nice weather we will barbeque on nights we have activities.

The personal rewards and satisfaction received from what we do are often beyond description. There is the sense of accomplishment when you control a structure fire or extend compassion for automobile crash victims, and there is fulfillment from teaching fire safety to children. The bottom line in our business is measured by the loss of life, pain and suffering, and the property damage we have successfully prevented or reduced. Volunteering in emergency services is one of the most important decisions you may make. We hope that you give this decision the time and serious consideration it deserves, and decide to join our ranks.

Our human resources are our greatest assets and we want you to be a part of our team.

Thank you for taking a few moments to learn about Carmel Fire Department, we are excited to receive your application and welcome you into our family.

Chief Mark Earle

President Robert Longo

# Carmel Volunteer Fire Department

## Membership Application

Class of membership requested:

\_\_\_ Interior Firefighter or \_\_\_ Exterior Firefighter

Thank you for your interest in becoming a member of the Carmel Fire Department.

Our ranks of membership include those interested in serving as Interior or Exterior firefighters and fire police officers who wish to give something back to their community by volunteering. No experience is required.

In the event, you have any questions about the application for membership, the Carmel Fire Department, or learning more about how you can volunteer your time to our community, please call 845-225-5100 and ask to speak with someone from the Recruitment Committee or send an e-mail to: *CFDRecruitment12@gmail.com*.

We are looking forward to hearing from you!

On completion of this application, please return it either by mail to the address below or stop by the station to drop it off.

**There is a \$5.00 non-refundable fee (check or cash) for a background investigation. (Checks can be made payable to the Carmel Fire Department)**

Date of Application: \_\_\_\_\_

**PERSONAL INFORMATION**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State of License: \_\_\_ Exp. Date: \_\_\_\_\_

Have you ever been convicted of a felony? If so, please explain:

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

**EMERGENCY CONTACT**

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

Relationship: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_

**EDUCATION**

Name of last school attended: \_\_\_\_\_

Highest grade, level, or degree achieved: \_\_\_\_\_

**MILITARY**

Were you ever in the military? Yes \_\_\_\_\_ No \_\_\_\_\_

Branch: \_\_\_\_\_ Grade: \_\_\_\_\_ Job: \_\_\_\_\_

If discharged, what was the nature? \_\_\_\_\_

*The essential job functions of a volunteer firefighter and fire police officer in the Carmel Fire Department include, but are not limited to the following: climbing, lifting heavy objects, dragging, pulling, wearing heavy protective and respiratory equipment, carrying and operating heavy rescue tools, working for prolonged periods in potentially hazardous and enclosed environments, working in darkness or environments of temperature extremes, elevated levels of stress, and at elevated heights.*

Are you able to successfully complete these essential functions with or without reasonable accommodations? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If reasonable accommodations are required, please provide full details:

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### **PRIOR EXPERIENCE**

Have you ever been or are you currently a member of another fire company, ambulance, or rescue squad: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please complete the following:

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

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

Position(s) Held: \_\_\_\_\_

Contact Name & Phone #: \_\_\_\_\_

List any fire, rescue, emergency, hazardous materials classes, courses, and seminars completed. Please use additional sheets if necessary. Please also attach copies of all certificates received for classes completed.	Name of class taken:	When/Where classes were completed:

**AUTHORITY TO RELEASE INFORMATION**

I \_\_\_\_\_ certify that the facts contained in this Application are true and correct to the best of my knowledge. I fully understand that any false statement will be considered as justifying grounds for denial of membership or subsequent dismissal. I hereby authorize any criminal justice officer, or other authorized representative of the Carmel Fire Department bearing this release, to obtain any and all information available from my past and present employers, credit references, criminal records, and medical records. I request that the custodian of records, in each case, permit my records or other information provided in this application, to be examined, copied, or otherwise reviewed. I hereby release and hold harmless any such authority, including its employees or related personnel, both individually and collectively, from any and all liability from damages of whatever kind which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information. I fully understand that if accepted, my membership is governed by the By Laws and Standard Operating Procedures of the Carmel Fire Department.

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

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

\*\*Eligibility for membership in the Carmel Fire Department is subject to and contingent upon a satisfactory motor vehicle and background investigation to be obtained from the Putnam County Office of the Sheriff.

DEPARTMENT USE ONLY

1. Membership Committee

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

II. Financial Secretary \_\_\_\_\_ Date \_\_\_\_\_

III. Board of Fire Commissioners – Chairperson \_\_\_\_\_

Secretary: \_\_\_\_\_

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



ROBERT L. LANGLEY, JR.  
SHERIFF

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



MICHAEL F. CORRIGAN  
UNDERSHERIFF  
FBI/NA 183<sup>RD</sup>

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.





**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.*

*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.*

A. DATE:

B. REQUESTING VOLUNTEER FIRE DEPARTMENT

DEPARTMENT NAME:

FIRE CHIEF NAME:

SIGNATURE:

ADDRESS:

TELEPHONE NUMBER:

FAX NUMBER: **845-225-2252**

1. NAME (LAST, FIRST, MIDDLE)

2. ADDRESS (Street, City, Zip Code)

3. ALIAS AND/OR MAIDEN NAME

4. SEX

M  F

5. RACIAL APPEARANCE

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 \_\_\_\_\_

RESULTS OF INQUIRY

- 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