

## BELLPORT FIRE DEPARTMENT

*ORGANIZED / 1893*

BELLPORT, NEW YORK 11713  
MEETINGS: EVERY FIRST MONDAY  
PHONE (631) 286-0273, FAX (631) 286-0426

**DAVID DIDIO - Chief**  
**JASON CRANE - 1st Asst. Chief**  
**LANCE MACIOCE- 2nd Asst. Chief**

**PAUL NEUMANN, Secretary**  
**DAN POLNER, Treasurer**

### **Dear Prospective Member,**

This packet contains the instructions and forms you will need to help you initiate the membership process for the Bellport Fire Department. These initial procedures help both you and the department make the first steps towards membership. The Bellport Fire Department has a long tradition of outstanding community service and we are delighted that you have stepped forward to volunteer.

Here are the steps that need to be taken before you become a member of the Bellport Fire Department:

1. You must complete the enclosed membership application, the authorization for records release and the Hepatitis f3 vaccination consent form, (the vaccination is not mandatory, however we recommend that you do get the vaccination). Please return the completed and signed forms to the fire house, along with a five dollar initiation fee. If you are a minor you will need parental approval. If you are a transfer from another department you must also include a letter from the chief of your previous department summarizing your past performance. The five dollar initiation fee is waived for all transfer applicants.
2. The department secretary will contact you to schedule an interview with the Company captains. (Membership Committee)
3. During the interview you will be given the opportunity to schedule a physical. You must be found fit for duty for the membership process to continue.
4. After the interview and physical the department members will vote on your membership.
5. The completed forms and results of the vote by the membership is then forwarded to the District for their approval.
6. If the District approves your membership you will receive an official letter of membership and congratulations from the Bellport Fire District.
7. The Probationary Training Officer will contact you and initiate your training in the basics of Fire Fighting.

Good luck and Thank you for having the desire and dedication to join the Bellport Fire Department and help your community.

*Application for Membership*

**BELLPORT FIRE DEPARTMENT**

Date .....

I, ..... Date of Birth..... do hereby make application to become a member of the Bellport Fire Department. My occupation is:.....

I have resided at....., in the Bellport Fire District

For..... (months) (years). Phone Number.....

Social Security No.....

1. Have you ever been a member of a fire department'? Yes ..... No .....
2. Are you a citizen of the USA'? Yes ..... No .....
3. Have you ever been convicted of a felony'? Yes ..... No .....
4. Physical Defects, if any, specify .....
5. I am a transfer from the ..... Fire Dept. & (have - Have not) submitted a letter of transfer with this application. Were you a member in good standing when you left? Yes ..... No ..... Reason for leaving previous dept.'? .....
6. Do you have an Exempt firemen's Certificate'? Yes ..... No .....
7. Do you have a NY State or Suffolk County fire school certificate? Yes ..... No .....
8. My beneficiary is ..... Relationship ..... Address of beneficiary .....
9. Name and address of next of kin .....

**Signature of Applicant** .....

If under 21 years of age, application must be accompanied with the written consent of parent or guardian and must be notarized by a Notary Public.

We the undersigned members in good standing in the Bellport Fire Department, do hereby recommend the above named applicant for membership in the Bellport Fire Department.

- 1 .....
- 2 .....
- 3 .....

An applicant for membership must be a resident of the Bellport Fire District. \$5.00 to cover application fee must accompany this application.  
Qualifications approved or rejected by the Membership Committee. Approved ..... Rejected .....  
Reason for rejection .....

Application (approved) (rejected) by the Bellport Fire Department.

Date ..... **Signature of Secretary** .....

Application (approved) (rejected) by Board of Fire Commissioners.

Date ..... **Signature of Secretary** .....

**FOR OUR DEPARTMENT RECORDS,**  
**PLEASE FILL OUT THE FOLLOWING INFORMATION**

**NAME: LAST** \_\_\_\_\_

**FIRST** \_\_\_\_\_

**MIDDLE** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **SOC SEC #** \_\_\_\_\_

**ADDRESS:**

**STREET** \_\_\_\_\_

**TOWN** \_\_\_\_\_

**STATE** \_\_\_\_\_

**ZIP CODE** \_\_\_\_\_

**HOME#** \_\_\_\_\_ **BUS.#** \_\_\_\_\_

**EMAIL** \_\_\_\_\_

**IN EMERGENCY CALL:** \_\_\_\_\_

**BENEFICIARY:** \_\_\_\_\_

**RELATION:** \_\_\_\_\_

**COAT SIZE:** \_\_\_\_\_

**BOOT SIZE:** \_\_\_\_\_

**ARMED FORCES: YES**  **NO**  **BRANCH:** \_\_\_\_\_

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

**BLOOD DONOR: YES**  **NO**

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DATE \_\_\_\_\_

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.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

D.O.B. \_\_\_\_\_ S.S.# \_\_\_\_\_

SIGNATURE \_\_\_\_\_

SWORN TO BEFORE ME THIS  
DATE \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

**CONSENT FORM  
HEPATITIS B VACCINATION**

**BOARD OF FIRE COMMISSIONERS Bellport Fire District, Bellport, New York**

**Firefighters Name:** \_\_\_\_\_

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

**(A) I wish to be included in the Vaccination Program at this time.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

OR

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

**(B) I do not wish to be included in the Vaccination Program at this time.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

1st shot: \_\_\_\_\_ Return Date: \_\_\_\_\_

2nd shot: \_\_\_\_\_ Return Date: \_\_\_\_\_

3rd shot: \_\_\_\_\_

# Beneficiary Designation for Accident & Sickness Policy

Complete this block each time this form is used—Please Print

Name of Organization BELLPORT FIRE DISTRICT

Member's/Employee's Name \_\_\_\_\_

Member's Date of Birth \_\_\_\_\_ Date Member Joined Organization \_\_\_\_\_

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Complete, sign, and date this block if you wish to name or change your beneficiary.

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I hereby designate the following beneficiary(ies) with respect to amounts payable as indemnity for loss of life under the referenced Accident & Sickness Policy and hereby revoke any designation of beneficiary thereunder heretofore made by me. I direct that any amounts payable under said Policy to my beneficiary(ies) named below be paid to those of Primary Beneficiary who survive me, otherwise to those surviving in Contingent Beneficiary, in proportion to the percentages listed.

## Primary

Beneficiary: Name \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_ Share \_\_\_\_\_%

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_ Share \_\_\_\_\_%

## Contingent

Beneficiary: Name \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_ Share \_\_\_\_\_%

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_ Share \_\_\_\_\_%

If none of the above-named beneficiaries are living at the time of my death, I direct that payment be made in accordance with the terms of the policy. I reserve the right to revoke or change this designation.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**This form should be retained in the files of your department or organization.**



**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.*

A. DATE:

*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.*

**B. REQUESTING VOLUNTEER FIRE DEPARTMENT**

DEPARTMENT NAME:

FIRE CHIEF NAME:

SIGNATURE:

ADDRESS:

TELEPHONE NUMBER:

FAX NUMBER:

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

## Non-Fingerprint Background Checks – Volunteer Firefighters

Effective December 2, 2014, Executive Law §837-o requires prospective volunteer firefighters, and current volunteers seeking membership in another fire company, to undergo non-fingerprint criminal history background checks, **for arson convictions and convictions which require registration as a sex offender only**, against the State's criminal history files maintained by the Division of Criminal Justice Services (DCJS). The law prohibits a fee from being charged in connection with these background checks. The law also specifies that these checks will be conducted by sheriffs' offices unless a county legislature enacts a local law prohibiting its county sheriff from having such responsibility. In such a case, the NYS Division of Homeland Security and Emergency Services, Office of Fire Prevention and Control (OFPC), is authorized to perform the background checks for the affected volunteer fire companies.

DCJS supplies the *DCJS-VFF Volunteer Firefighter Inquiry Form* to each Sheriff's Office in the State and to OFPC. Sheriffs' offices and OFPC shall distribute the form to volunteer fire companies seeking to perform arson and registerable sex offense background checks on prospective volunteers and fire company transferees. Fire company officials should complete sections A and B and fields 1 through 10 of the *DCJS-VFF Volunteer Firefighter Inquiry Form*. Fire company officials should use the applicant/transferee driver's license, and another form of identification, such as a birth certificate, passport or social security card, when completing the forms. **Completed forms must be returned to the sheriff's office, or to OFPC where applicable, via U.S. mail, fax or hand delivery. E-mail transmission is not permissible.** It is not an option to perform the background checks through OFPC in counties where there is no local law prohibiting the sheriff's office from conducting the checks.

Upon receiving a completed *DCJS-VFF Volunteer Firefighter Inquiry Form*, sheriffs' offices will perform a name search on each applicant/transferee using the Criminal Repository Search link located under the People tab in the eJusticeNY Integrated Justice Portal using the VFF Reason Code. If a name search candidate is returned as an exact match to the input data, the sheriff will use the Criminal Repository Inquiry link to obtain a rapsheet from DCJS on the candidate. The rapsheet will then be examined by the sheriff's office to determine the presence of an arson and/or registerable sex offense conviction. Not all sex offense convictions require registration as a sex offender. If there is any question regarding whether the applicant is a registered sex offender, the sheriff should search the Sex Offender Registry using the Full Registry Search link also located under the People tab in the eJusticeNY Integrated Justice Portal. The appropriate box should be checked on the bottom portion of the *DCJS-VFF Volunteer Firefighter Inquiry Form*, and the form returned to the submitting fire company via U.S. mail, fax or hand delivery only. In cases where the rapsheet shows an arrest for arson and/or registerable sex offense, but does not reflect a final disposition for the arrest, the sheriff's office should contact the DCJS Office of Criminal Justice Operations at (518) 457-8547 for assistance in obtaining the final disposition. If an arson and/or registerable sex offense case is pending adjudication, the requesting fire company should be informed that a decision regarding the applicant/transferee must be delayed. **Criminal history records (i.e., rapsheets) are not to be provided to fire companies under any circumstance.**



In cases where a background check results in the discovery of an arson and/or registerable sex offense conviction against an applicant/transferee and the individual disputes the conviction, the fire company official should immediately refer the individual to DCJS for a personal record review. If the personal record review results in the determination that the individual is free of an arson conviction and/or registerable sex offense conviction, a subsequent notification will be sent to the sheriff's office which will then forward the appropriate notification to the fire company. It should be noted that while an applicant/transferee who has been convicted of arson is not eligible to be elected or appointed as a volunteer member of a fire company, a registered sex offender is not automatically disqualified from membership. If the background check results in the discovery that the applicant/transferee is a registered sex offender, the fire company must make a determination of eligibility in accordance with the criteria established in Correction Law §§752 and 753. The fire company should be directed to contact the Sex Offender Registry at 1-800-262-3257 to obtain more information about the conviction.