

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'? YesNo
- 2. Are you a citizen of the USA'? YesNo
- 3. Have you ever been convicted of a felony'? Yes No
- 4. Physical Defects, if any, specify
- 5. I am a transfer from theFire 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 isRelationship 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.#** _____

IN EMERGENCY CALL: _____

BENEFICIARY: _____

RELATION: _____

COAT SIZE: _____

BOOT SIZE: _____

ARMED FORCES: YES **NO** **BRANCH:** _____

BLOOD TYPE:

BLOOD DONOR: YES **NO**

BELLPORT FIRE DEPARTMENT

ORGANIZED 1893

BELLPORT, NEW YORK 11713
MEETINGS: EVERY FIRST MONDAY

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

PAUL NEUMANN, Secretary
DAN POLNER, Treasurer

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: _____