



Mohegan Volunteer Fire Association

Office of the Company President

Dear Prospective Member,

It is with great appreciation for your interest in applying to become a member of the Mohegan Volunteer Fire Association (MVFA). Becoming a volunteer fire fighter or emergency medical technician will give you the opportunity to possibly save a life at a moments notice. The men and women who make up the MVFA all share a common interest to help others in need. Our desire is to help our community 24/7. We provide you with training and the resources you will need to becoming a member of one of the best organizations in Westchester County. If you are between 16 and 18 years of age, a parent/legal guardian consent form must accompany your application.

Please fill out the following application that you requested for membership, complete it in full and submit it with a check in the amount of \$15.00 (nonrefundable) made payable to "Mohegan Volunteer Fire Association." The application may be returned to the membership committee mailbox which is located just inside the main entrance door of the firehouse located on Route 6 in Mohegan Lake, NY. You can also mail in your completed application to the address listed below.

Once your application is received, it will be reviewed by the membership committee, a background and arson check will be conducted. When the background and arson check come back the applicant will then be notified for an Interview. Following the interview, the applicant will be presented to the company's membership at its regular monthly meeting. This process can take from five to eight weeks. During this period, you will be contacted to attend an orientation where any questions you may have will be answered.

If you need any other additional information, please contact us at 914-526-0823 or email us @ www.moheganfire.com

Thank you once again for your interest in joining one of the best departments in Westchester County. I look forward to welcoming you into our ranks in the near future.

Sincerely,

Andrew Cerrato

President, MVFA

Mohegan Volunteer Fire Association
Po Box 162 Mohegan Lake, NY 10547



OFFICE OF MEMBERSHIP COMMITTEE



Freedom of Information Law Notice:

All information contained or obtained herein, will remain confidential and will be used only for internal membership processing.

Privacy notification:

Section 94 of the Public Officers Law (Personal Privacy Protection Law) requires that you be notified of the following facts when information which will be maintained in a record system is collected from you. The authority to request and confirm personal information on you is found in Article 6 of the NYS Executive Law.

The information obtained will:

be used to determine your qualifications for the position for which you are applying; be released to the fire chief and your potential supervisors; and be maintained in your personnel file (if you become a member of the Mohegan Volunteer Fire Association); or be maintained in our suspense date file for a period of six months (if you do not become a member)

Failure to provide any of the requested information or authorizations may result in your application not being considered.

The information being collected will be maintained by the Mohegan Volunteer Fire Association Membership Committee and Firematic Officers, Post Office Box 162, Mohegan Lake, New York 10547. 914-526-0823.

IMPORTANT! Completed and notarized applications with all attachments and application fee (\$15.00, non-refundable) may be dropped off to the Membership Committee Mailbox located just inside the main entrance door of the firehouse on Route 6 in Mohegan Lake, or mailed to the membership Committee at the below address.

*****DO NOT WRITE IN THE SPACE BELOW*****

Date completed application received: _____

Background check: CLEAR / NC

Arson Check: CLEAR / NC

Date applicant proposed to company: _____

Date applicant voted on: _____

Circle one: Approved / Disapproved

By Company vote of _____ Yes _____ No

Membership committee initials: _____

Mohegan Volunteer Fire Association
Post Office Box 162 • Mohegan Lake, New York 10547

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OFFICE OF MEMBERSHIP COMMITTEE



Application for Membership

PLEASE PRINT ALL INFORMATION IN **BLOCK** CAPITAL LETTERS

(Last Name)	(First Name)	(Middle)
(Current Street Address - No P.O.Boxes)		
(City/Town/Village)	(State)	(Zip Code)
(Home Phone)	(Work Phone)	(Cell or Other Phone)
(Previous Address if lived at current location less than 2 years)		

How long have you resided at current address ? _____ years _____ months

How long have you resided in New York State ? _____ years _____ months

Are you 18 years of age or older ? (Circle one) YES / NO If NO, state your age _____

List any other names you have been known by (if necessary to enable a check on your eligibility) _____

Are you a U.S. citizen ? YES / NO If not a citizen are you a legal resident ? YES / NO

Do you have a valid New York Drivers License YES / NO

License Number _____ Expires _____ License class _____

Restrictions _____ Date of Birth: _____

Has your driver's license ever been revoked or suspended ? YES / NO

Please indicate your ability to participate. Check appropriate time periods.

Weekdays: Days _____ Evenings _____ Nights _____

Weekends: Days _____ Evenings _____ Nights _____

Enter below all Firefighter, Police, EMT, Paramedic, or other relevant training:

Type of certification	Date received	Expiration date	Issuing agency	Remarks

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OSHA regulations require that you pass a physical examination before becoming an active firefighter/emergency medical provider.

Are you willing to undergo a medical examination? YES / NO

Area of interest (check one) : Firefighter_____ Ambulance corps_____

Both (Fire AND Ambulance) _____

ADDITIONAL INFORMATION

I hereby affirm, under penalty of perjury, that all the information provided on this application is truthful and accurate. I understand that each statement will be investigated. Any inaccurate, falsified, or misleading statement or answer, whether by commission or omission, may result in rejection of this application or dismissal from the Mohegan Volunteer Fire Association.

(Print applicant's name)

(Applicant's Signature)

(Date)

Subscribed and sworn to
before me, this _____ day
of _____, 200__.

(Notary Public)

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Have you ever been a member of the United States Armed Forces? YES / NO
If you have, please complete the following:

Service number	Branch of Service	Rank	Dates of Service	Type of Discharge

List any work experience related to the duties of a fire company member.
Begin with your current or most recent and work back:

Employer & complete address	Position	Dates employed	Supervisor	Phone number

Have you ever been dismissed or forced to resign from any position? YES / NO
If Yes, please explain _____

Have you ever been convicted or pled guilty to any felony or misdemeanor, insurance fraud, arson, or a reduction of one of these offenses? YES / NO If yes, please provide complete details in the "additional information" section of this application.

Please list the names of any friends or acquaintance (if any) that are members of the Mohegan Volunteer Fire Association

Name of Member	Contact phone number

Please list three personal references, **other than** members of the Mohegan Volunteer Fire Association who have known you for at least three years:

Name	Address	Phone Number

Have you ever previously applied for membership in, or been a member of, this or any other fire department, ambulance corps, or similar organization? YES/NO If Yes, please provide information below:

Name of Department	Complete address	Supervisor	Dates of service or date applied to

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Authorization for release of information

In order to confirm the information which I have supplied to the Mohegan Volunteer Fire Association, I hereby authorize all licensing agencies, educational institutions, law enforcement agencies, present and former employers, and the military services to disclose their relevant records about me to the Mohegan Volunteer Fire Association whether the information be of public, private, or confidential nature, and I release them from any liability in so doing.

This authorization shall be valid for this and any future information, reports, or updates that may be requested.

I understand that this form will accompany requests for official documents and confirmations of my credentials.

(Print applicant's name)

(Applicant's Signature)

(Date)

Subscribed and sworn to
before me, this _____ day
of _____, 200__.

(Notary Public)

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OFFICE OF MEMBERSHIP COMMITTEE



Parent / Guardian Consent For Members Under The Age Of 18

Your Son / Daughter _____ (please print name) has applied for membership in the Mohegan Volunteer Fire Association Inc. As a Firefighter or Ambulance Corps Member.

During the first year as a Firefighter or Ambulance Corps Member there are several classes that will be required. All training is given at one of our four firehouses, by our own instructors. Classes will be held weekday evening and on weekend.

As a Firefighter under the age of 18, your son/daughter will not be permitted to engage in interior structural firefighter duties, but will be required to perform exterior support duties. Members under the age of 18 are required to maintain passing school grades, and if this changes after being voted into membership of the MVFA, their membership will be suspended until further review.

As a member of the MVFA, your son/daughter will be part of an organization which is dedicated to preservation of life and property in our community, The Mohegan Lake Fire District. They will also be given the opportunity to build a foundation for future careers as firefighters, police officers, emergency medical service personal, and social workers.

Enclosed is a parent/Guardian authorization form for you to fill out and sign. Please also review the main application and please sign under your son/daughter's signature on the last two pages.

Firematically Yours,

Membership Committee

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Parent / Guardian Consent For Members Under The Age Of 18

I, _____ DO \ DO NOT (Circle One)
(Parent/Guardian's Name - Please Print)

Authorize My Son / Daughter _____ to apply for
(Applicant's Name - Please Print)

membership in the MOHEGAN VOLUNTEER FIRE ASSOCIATION INC.

Signature of Parent / Guardian Date

(Print applicant's name)

(Applicant's Signature)

(Date)

Subscribed and sworn to
before me, this _____ day
of _____, 200____.

(Notary Public)

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