



BEDFORD VILLAGE FIRE DEPARTMENT



AFFIRMATION OF THE APPLICANT

I affirm that I have read the foregoing questions and have fully, truthfully and accurately answered the same. The foregoing answers and information are true to the best of my knowledge, except if made on the basis of information and belief, and as to such answers, I believe them to be true and accurate.

I understand that intentionally misrepresenting or omitting any material fact called for in this application or in subsequent inquiries in connection with this application constitute grounds for immediate discharge from the Department or, if discovered prior to acceptance of my application, to immediate rejection. I give permission to the Bedford Village Fire Department to make any investigation relative to consideration of my qualifications for membership in the Bedford Village Fire Department any will fully cooperate in such investigation.

I do hereby make application for membership to the Bedford Village fire Department and if elected, will obey all lawful orders of my superiors, will be amiable to discipline, and will confirm to and abide by the laws of the State of New York and the By-Laws and the general orders of the Bedford Village Fire Department.

Signature of Applicant

Date

If Under 18 Years of Age:

I (Parent/Guardian) _____, understand that my son/daughter is applying for membership as [check one] an () Active () Associate () Youth member of the Bedford Village Fire Department. I also understand that he/she will be eligible to receive training and respond to emergencies, both of which may have inherent risks.

I have read Department Order 15-02B, Guidelines for Participation – Action Junior Members, with my son/daughter and we understand and will follow them. I will notify the Chief of the Bedford Village Fire Department in the event that my son/daughter fails to maintain a "C" average grade in school. I give the Bedford Village Fire Department permission to use photos or other likenesses of my son/daughter on its web site or in other forms of communication, as it reasonably determines appropriate. I understand that any violations of the Department's By-Laws, Standard Operating Guidelines and/or Departmental Orders may result in the suspension or termination of membership of my son/daughter.

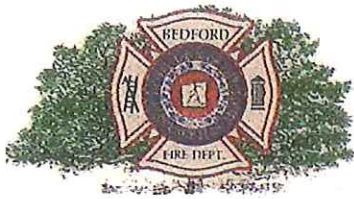
Signed: _____

Date: _____

Print Name: _____

Email: _____

Address: _____



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APPLICANT'S AUTHORIZATION FOR RELEASE OF INFORMATION

In order to confirm the information I supplied on my application for membership with the Bedford Village Fire Department, I 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 Bedford Village Fire Department whether the information be of public, private or confidential nature; and I release them, from any liability and responsibility for doing so.

This authorization, on ordinal copy form, shall be valid for this and any further information, reports or updates that may be requested.

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

Applicant Name
Date: _____

Applicant Signature

Witnessed by:

Name and Title

Signature