

# BEDFORD HILLS FIRE DEPARTMENT FIREFIGHTER CANDIDATE PROGRAM OPERATING GUIDELINES

## **PURPOSE:**

The purpose of the Bedford Hills Fire Department – Firefighter Candidate Program (“Candidate Program”) is to stimulate interest and train qualified youths for volunteer fire service in the Bedford Hills Fire District.

## **GOVERNING BODY:**

Pursuant to the Bylaws of the Bedford Hills Fire Department (“Department”), the Firefighter Candidate Program Advisory Board (“Advisory Board”) will govern the operations of the Candidate Program. The Advisory Board will recommend an Advisor who will be appointed and serve under the direction of the Chief of Department. The Advisor will coordinate and notify the Chief of Department of all activities and/or drills planned for the Candidate Program. The Advisory Board will meet semi-annually to monitor and discuss the activities of the Candidate Program.

## **FUNDING:**

Funding for the Candidate Program will derive from the following two sources:

- Fund raising activities by the Candidate Program
- Department operating budget

## **MEMBERSHIP QUALIFICATIONS:**

Age Requirement - 16 years of age.

Residence requirements will be the same as the Department By-Laws for active membership.

Written consent of parent or legal guardian (to be submitted with application).

Written confirmation from a Medical Professional as to a satisfactory physical condition of applicant.

A \$15.00 fee must accompany this application. (*Checks Payable to Bedford Hills Fire Department.*)

Upon a Firefighter Candidate reaching his or her 17<sup>th</sup> birthday, their membership status will be reviewed by the Advisory Board and the Department Investigation Committee to determine if their membership status will be changed to Probationary Firefighter.

## **FUNCTION:**

Under **NO** circumstances will a Candidate enter a burning building or respond to a Hazardous Materials Call (Haz Mat Incident).

The primary function of the Candidate Program will be to assist with any tasks assigned by the Officer in Charge (OIC) or Member of The Bedford Hills Fire Department during or after an emergency or disaster as long as it is permitted by the Operating Guidelines of the Candidate Program.

# BEDFORD HILLS FIRE DEPARTMENT

## *FIREFIGHTER CANDIDATE PROGRAM*

### *STANDARD OPERATING GUIDELINES*

#### **FUNCTION: CONTINUED**

The tasks may consist of, one or more of the following, but not limited to:

- Establishing a fire line
- Packing Hose
- Manning a hydrant
- Changing SCBA bottles
- Recruit new members for the Candidate Program.
- Take an active role in Fire Prevention

#### **REGULATIONS:**

Candidates may not respond to an alarm until they have completed the orientation program and have received authorization to respond from the Advisor.

Candidates are not allowed to ride the first due apparatus to any alarm unless permission is granted by an Officer. (Chief Officer, Captain, Lieutenant or Advisor)

Candidates may respond to an alarm at any hour of the day with the exception of school hours. Candidates may **NOT** under any circumstances leave school to attend an alarm. (Fire Pagers may not be carried to school.)

Candidates will be given a key fob for attendance tracking purposes only. The key fob will not be activated to permit access to the building.

Candidates are **NOT** allowed to be inside, outside, or on firehouse property unless they are attending an authorized Department function. Authorized functions are defined as any official function called by order of the Chief, President and/or Advisor.

Candidates are not allowed to stay at the firehouse for more than three hours per day for any firematic function unless permission is granted by the Advisor or Chief Officer.

Candidates are **NOT** allowed to be inside, outside, on firehouse property, or at a firematic function after 10:00 PM, unless they are actively rendering service at an alarm.

Candidates are not permitted to attend monthly meetings or the annual meeting.

Candidates may not attend firematic parades, with the exception of the Bedford Hills Memorial Day Parade.

Candidates are strictly prohibited from using or displaying a blue light in their own vehicle or any vehicle they may respond to the firehouse with.

Candidates are prohibited from using alcoholic beverages and controlled substances as well as tobacco and tobacco products.

# BEDFORD HILLS FIRE DEPARTMENT

## *FIREFIGHTER CANDIDATE PROGRAM*

### *STANDARD OPERATING GUIDELINES*

#### **REGULATIONS: CONTINUED**

Candidates may **NOT** display any Department logo or apparel other than their issued uniform. The uniform may only be worn at a Department function.

Candidates must attain at least a “C” grade average. It is the sole responsibility of the Candidates’ legal guardian to notify the Advisor of any academic or disciplinary issues related to the Candidates academic performance. If for any reason a Candidate receives an academic suspension and/or expulsion, they may not participate in any firematic function during the absence.

#### **APPLICATION PROCESS:**

- Submit a complete application with the application fee.
- Await contact from the Advisor who will notify you of the date and time of your interview with Advisory Board. During the interview process, the applicant will complete a New York State Arson Background Check form and other related forms.
- Upon acceptance by a vote of the membership of the Department, the Candidate and his or her legal guardians will be contacted to schedule an orientation session with the Advisor and Chief of Department.

# BEDFORD HILLS FIRE DEPARTMENT

332 Bedford Road  
Bedford Hills, New York 10507  
www.bedfordhillsfd.org

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## APPLICATION FOR MEMBERSHIP

1. \_\_\_\_\_  
(Last Name) (First Name) (M.I.) (Social Security Number)

2. \_\_\_\_\_  
(Address) (Apt./Suite No.)

\_\_\_\_\_  
(City, Town, Village) (State) (Zip Code)

3. Telephone: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
(Home) (Cell) (E-MAIL Address)

4. How long have you resided at the above address? Years: \_\_\_\_\_ Months: \_\_\_\_\_

5. How long have you resided in New York State? Years: \_\_\_\_\_ Months: \_\_\_\_\_

6. Are you 18 years of age or older? Yes \_\_\_ No \_\_\_ if "No", state your age. \_\_\_\_\_

7. Is additional information about a change in your name or your use of an assumed name or nickname necessary to enable a check on your eligibility for membership? Yes \_\_\_ No \_\_\_ If "Yes", explain.  
\_\_\_\_\_  
\_\_\_\_\_

8. Are you a U.S. citizen? Yes \_\_\_ No \_\_\_ If not a citizen are you a legal resident? Yes \_\_\_ No \_\_\_

9. Are you currently employed? Yes \_\_\_ No \_\_\_

If "Yes" give employer information below. May we contact your employer as a reference? Yes \_\_\_ No \_\_\_

10. Do you have a valid New York State Drivers License? Yes \_\_\_ No \_\_\_ License Number \_\_\_\_\_

Expires \_\_\_\_\_

License Class \_\_\_\_\_ Restrictions \_\_\_\_\_ Has your drivers license ever been revoked or suspended? Yes \_\_\_ No \_\_\_

11. Please indicate your availability to participate in normally required fire department activities (meetings, drills and emergency calls).

Please check appropriate time periods.

Week Days:

Days \_\_\_\_\_ Evenings \_\_\_\_\_ Nights \_\_\_\_\_

Weekends:

Days \_\_\_\_\_ Evenings \_\_\_\_\_ Nights \_\_\_\_\_

12. Previous emergency services: (include only fire, rescue, police, and emergency medical service agencies).

Name of Agency \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Contact Person \_\_\_\_\_ Telephone \_\_\_\_\_

(If more space is needed, please identify on attached sheet)

13. Have you ever been a member of the United States Armed Forces? Yes \_\_\_\_\_ No \_\_\_\_\_

If the answer is "Yes", did you receive a dishonorable discharge? Yes \_\_\_\_\_ No \_\_\_\_\_

Dishonorable discharge is not an absolute bar to membership. This and other factors will effect a final membership decision.

If the above answer is "Yes", give complete details in the space provided for additional information (include service branch and service dates).

14. Have you ever been convicted or pled guilty to a felony, misdemeanor, insurance fraud, arson, or a reduction of one of these offenses? Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes" give details on the attached sheet.

15. Please list three personal references, *other than members of this organization*, who have known you for at least 3 years.

A. Name: \_\_\_\_\_ Tel.# \_\_\_\_\_

B. Name: \_\_\_\_\_ Tel.# \_\_\_\_\_

C. Name: \_\_\_\_\_ Tel.# \_\_\_\_\_

16. Please list the names of any acquaintances that are members of this organization:

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

17. 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 list the agency and date of service or application on **Page 3**.

18. OSHA regulations require that you pass a physical examination before becoming a firefighter. The department's designated physician will provide you with a free medical examination. Will you be willing to undergo a medical examination?

Yes \_\_\_\_\_ No \_\_\_\_\_

EMERGENCY CONTACT INFORMATION

**Emergency Contact – 1**

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Emergency Contact – 2**

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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 Bedford Hills Fire Department.

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

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

Subscribed and Sworn to  
Before Me, This \_\_\_\_\_ Day  
Of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(Notary Public)

**Freedom of Information Law Notice: All Information 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 about you is found in Article 6 of the New York State 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 Bedford Hills Fire Department) or in our file for six months (if you are not a department member).

Failure to provide the information or authorization will result in your application not being considered for membership.

The information being collected will be maintained by the Bedford Hills Fire Department Investigation Committee and the Firematic Officers, 332 Bedford Road, Bedford Hills, New York 10507. (914) 666-4112.

**Important!** Completed and notarized application with all attachments and application fee (\$15.00, non-refundable) may be dropped off at the Bedford Hills Fire Department, 332 Bedford Road, Bedford Hills or mailed to the **Attention of : Investigation Committee** at the above address.

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

Date completed application received: \_\_\_\_\_

Arson Check: Clear: \_\_\_\_\_ Denied: \_\_\_\_\_

Investigation Committee: Approve: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_

Date applicant proposed to Board of Directors: \_\_\_\_\_

Date applicant proposed to Department: \_\_\_\_\_

Date applicant voted on by department: \_\_\_\_\_

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Department vote of \_\_\_\_\_ Yes \_\_\_\_\_ No

Date applicant presented to Bedford Hills Fire District: \_\_\_\_\_

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_

ASSIGNED TO: \_\_\_\_\_ Hook & Ladder Company \_\_\_\_\_ Engine Company \_\_\_\_\_ Rescue Company

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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 Hills 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 Hills Fire Department whether the information be of public, private or confidential nature; and I release them from liability and responsibility from doing so.

This authorization, in original copy form, 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.

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Applicant Name

(Please Print)

Applicant's Signature

Date

Subscribed and Sworn to  
Before Me, This \_\_\_\_\_ Day  
Of \_\_\_\_\_, 20\_\_\_\_.

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(Notary Public)



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## **PARENTAL PERMISSION**

### **Firefighter Candidate Program** **(Age 16 ONLY)**

I \_\_\_\_\_ Give my Son/Daughter \_\_\_\_\_ Permission  
(PRINT NAME) (PRINT NAME)

to join the Bedford Hills Fire Department and participate in the Firefighter Candidate Program. I have read in its entirety and understand the Firefighter Candidate Standard Operating Guidelines and reviewed them with my Son/Daughter. I understand that as the legal guardian, it is my responsibility to inform the Advisor of any academic or disciplinary issues related to the Candidate's academic performance. If for any reason a Candidate receives an academic suspension and/or expulsion, they may not participate in any firematic function during the absence. I further certify that my Son/Daughter is medically and physically fit to undertake the strenuous activities of a firefighter, and that, to my knowledge, is not suffering from any contagious or infectious disease, or any medical or dental condition of disability likely to interfere with or be aggravated by firefighting activities. I have provided a completed medical clearance form completed by a medical professional. I understand that it is my responsibility to notify the Advisor of any change in medical status after submission of the form.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

Subscribed and Sworn to  
Before Me, This \_\_\_\_\_ Day  
Of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
(Notary Public)

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## MEDICAL RELEASE

### Firefighter Candidate Program (Age 16 ONLY)

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(APPLICANT PRINT NAME)

On the basis of my findings and on my knowledge of the named child, I find that: he/she is capable of performing the strenuous activities required of a firefighter without any restrictions and is free from contagious and communicable disease.

\_\_\_\_\_ APPROVED

\_\_\_\_\_ DENIED

\_\_\_\_\_ RESTRICTED (*LIST RESTRICTIONS BELOW*)

RESTRICTIONS: \_\_\_\_\_

\*\*\*\*\*PHYSICIAN, PHYSICIAN'S ASSISTANT OR NURSE PRACTITIONER, PLEASE BE SURE TO SIGN AND STAMP THIS SECTION OF THE FORM.

\_\_\_\_\_  
Signature of Examiner

\_\_\_\_\_  
Address

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Title

(\_\_\_\_\_) \_\_\_\_\_  
Phone

\_\_\_\_\_  
Date

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## APPLICATION FOR MEMBERSHIP

Date \_\_\_\_\_

1. \_\_\_\_\_  
(Last Name) (First Name) (M.I.)

2. \_\_\_\_\_  
(Address) (Apt./Suite No.)

\_\_\_\_\_  
(City, Town, Village) (State) (Zip Code)

3. Telephone: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
(Home) (Cell)

**TO BE FILLED OUT BY MEMBERSHIP COMMITTEE**