

# KEENE VOLUNTEER FIRE DISTRICT

Telephone 518-576-4301

## APPLICATION FOR MEMBERSHIP

Circle one:      **Fire**              **EMS**              **Both**

1. Name \_\_\_\_\_

2. Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

3. Telephone (\_\_\_\_) \_\_\_\_\_

4. Email Address: \_\_\_\_\_

5. Date of Birth: \_\_\_\_\_ SS #: \_\_\_\_\_

6. Are you currently employed? Yes \_\_\_\_\_ No \_\_\_\_\_  
If "Yes" give employer information below. May we contact your employer as a  
Reference? Yes \_\_\_\_\_ No \_\_\_\_\_  
Name of Company \_\_\_\_\_  
Address \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

7. Do you have a valid New York State driver's license? Yes \_\_\_\_\_ No \_\_\_\_\_  
LICENSE NUMBER: \_\_\_\_\_

8. Previous emergency services experience :( include only fire, rescue, police, and  
Emergency medical services agencies).  
Name of Agency \_\_\_\_\_  
Address \_\_\_\_\_  
Contact person \_\_\_\_\_ Telephone(\_\_\_\_) \_\_\_\_\_

9. Please list Three personal references.

- A. Name: \_\_\_\_\_ telephone (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_
- B. Name: \_\_\_\_\_ telephone (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_
- C. Name: \_\_\_\_\_ telephone (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_

# KEENE VOLUNTEER FIRE DISTRICT

---

Telephone 518-576-4301

**10. Do you have any physical limitation, which would restrict your ability to perform Firefighter/EMS duties? (Circle) Yes No (If yes, explain)**

---

---

**11. List any special licenses or certifications you currently hold:  
(Please submit copies with application)**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**12. Have you ever been convicted of or pleaded guilty to a felony or misdemeanor or a reduction of an offense? Yes No**

**If Yes, please explain:**

---

---

---

---

## Emergency Information

**Medical Conditions:** \_\_\_\_\_

---

---

**Medications and Doses:** \_\_\_\_\_

---

---

**Allergies:** \_\_\_\_\_

---

---

**Insurance Information:** \_\_\_\_\_

---

---

**Primary Physician and Location:** \_\_\_\_\_

---

---

**Emergency Contact(s) and Phone:** \_\_\_\_\_

---

---

---

---

# KEENE VOLUNTEER FIRE DISTRICT

---

Telephone 518-576-4301

## APPLICANT'S AUTHORIZATION FOR RELEASE OF INFORMATION

To confirm the information I supplied on my application for membership with the Keene Volunteer Fire Department Inc./Keene Emergency Medical Services Inc., 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 Keene Volunteer Fire Department Inc./Keene Emergency Medical Services Inc. whether the information be of public, private or confidential nature; and I release them from any 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.

---

Applicant Name	(please print)	Applicants Signature	Date
----------------	----------------	----------------------	------

## CONFIDENTIALITY NOTICE

I, \_\_\_\_\_, acknowledge that patients provide and Keene Volunteer Fire Department Inc./Keene Emergency Medical Services Inc. collects personal, confidential information verbally, in writing, and through digital means. I understand and agree that any information pertaining to patients is strictly confidential and protected by federal and state laws and that I will not use or disclose patient information in any way, unless Keene Volunteer Fire Department Inc./Keene Emergency Medical Services Inc. authorizes me to do so. I agree that I will comply with all HIPAA policies and procedures in place at Keene Volunteer Fire Department Inc./Keene Emergency Medical Services Inc. during my experience as a guest/trainee with Keene Volunteer Fire Department Inc./Keene Emergency Medical Services Inc. If at any time, I knowingly or inadvertently breach patient confidentiality or violate the HIPAA policies and procedures of Keene Volunteer Fire Department Inc./Keene Emergency Medical Services Inc., I agree to notify Keene Volunteer Fire Department Inc./Keene Emergency Medical Services Inc. immediately.

Failure to uphold these obligations may result in immediate suspension or termination of the privilege to gain clinical experience or observe the activities of Keene Volunteer Fire Department Inc./Keene Emergency Medical Services Inc. Upon termination of this

**privilege for any reason, or at any time upon request, I agree to return any and all patient information or confidential or proprietary information in my possession. I understand that  
KEENE VOLUNTEER FIRE DISTRICT**

---

Telephone 518-576-4301

**any patient or confidential information that I see or hear while a guest/trainee will stay here at Keene Volunteer Fire Department Inc./Keene Emergency Medical Services Inc. when I leave. I have been given an overview of Keene Volunteer Fire Department/Keene EMS HIPAA policies and procedures and have been given access to review those policies and I agree to abide by them.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**ACKNOWLEDGEMENT**

**I hereby certify that the above statements are true and correct to the best of my knowledge. I understand that a false statement may disqualify me from membership from Keene Volunteer Fire Department Inc./Keene Emergency Medical Services Inc..**

---

**Applicant Name** (please print) **Applicants Signature** **Date**