

ISLIP TERRACE FIRE DEPARTMENT

Application for Membership (Complete Both Sides)

Date: _____ Applying For: ☐ Fire ☐ Fire Police ☐ Transfer

Name: _____ Date of Birth: _____

Address: _____ Age: _____ Sex: M ___ F ___

E-Mail: _____

Home Phone: _____ Cell: _____

Length of Residency in Islip Terrace Fire District: Years: _____ Months: _____

Social Security Number: _____ U.S. Citizen: Yes ___ No ___

Driver's License Number: _____ State: _____ Class: _____ Exp. _____

Marital Status: Single ___ Married ___ Name of Spouse: _____

Occupation: _____ Normal Working Hours: _____

Employer: (If student, school attending) _____

Emergency Contact: _____ Contact #: _____

Prior Agency: _____ Years of Service _____ Rank: _____

Character References: (other than family member or ITFD member)

Name: _____ Phone: _____

Name: _____ Phone: _____

Islip Terrace Fire Department Members Proposing Applicant:

Name: _____ Signature: _____

Name: _____ Signature: _____

To Be Completed By Applicant

Jacket Size: _____ Pants Waist / Length: _____ / _____ Shoe Size / Width: _____ / _____

Shirt Collar Size: _____ Hat Size: _____ Glove Size: _____ Belt Size: _____

Phone: 631-581-7350

264 Beaverdam Road Islip Terrace, NY 11752

Fax: 631-581-0679

Please Complete Beneficiary Form (Last Page of Application Packet)

The applicant will serve a probationary period and will subject to the rules and regulations set forth by the bylaws of the Islip Terrace Fire Department. While serving time as a probationary member, it is understood that the member can be dropped from the rolls of the Islip Terrace Fire Department at any time at the discretion of the Chief of the Department.

I affirm that all information I have given on this application is true, that I have read and understand all pages of this application and that any misstatement on my part will result in my dismissal from the Islip Terrace Fire Department.

Applicant's Name: _____

Signature: _____

Date: _____

Applicants under the age of 18 must have Parent or Guardian approval:

I give the above mentioned Candidate permission to join the Islip Terrace Fire Department and perform all fire duties which at times could be dangerous to their wellbeing.

Parent/Guardian Name: _____ Print: _____

Signature: _____ Date: _____

Department Use Only

Reinstatement (Out 1 Year) ☐

Reinstatement (Out 2 Years) ☐

Transfer From Another Department ☐

Date Application Fee Paid (\$7.00) _____ / _____ / _____

Date Received copy of Driver License _____ / _____ / _____

Date Police Check Submitted _____ / _____ / _____

Date Police Check Returned _____ / _____ / _____

Date Approved By Committee _____ / _____ / _____

Date Approved By Department _____ / _____ / _____

Date Approved By District Physician _____ / _____ / _____

Date Meeting With Commissioners _____ / _____ / _____

Date Entered into Red Alert _____ / _____ / _____

CHIEF SIGNOFF
(CHIEF'S SIGNATURE ATTESTS THAT THE APPLICATION IS COMPLETE
AND ALL PAPERWORK REQUIREMENTS HAVE BEEN MET)

(Date)

(Signature)

Investigation Committee:

Badge Number _____

Name: _____

Signature: _____

Badge Number _____

Name: _____

Signature: _____



In accordance with the Federal Privacy Act, upon completion of this form, it shall be returned to the CHIEF of the Islip Terrace Fire Department for privacy reasons and no copies shall be made by any member of the Islip Terrace Fire Department.

APPLICANT'S AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, hereby authorize all licensing agencies, educational institutions, law enforcement agencies, present and former employers, and the military services to disclose their relevant and/or sealed records about me to the Islip Terrace Fire District 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.

I will provide my social security number, any alias or maiden name, and a copy of my identification to the Islip Terrace Fire District.

Date: _____

Printed Name

Signature

Social Security No. _____

Copy of License _____

STATE OF NEW YORK
COUNTY OF SUFFOLK:

On the ____ day of _____, before me personally appeared _____, to me known and who by me being duly sworn, acknowledged to be the person described in and who executed the foregoing consent and who acknowledged to me that he/she executed the same for the purpose therein stated.

Notary Public

PLEASE DETACH THIS FORM FROM THE APPLICATION AND COMPLETE
Please Return Completed Form to the Chief's Office (Follow Directions on Back) ➡

PLEASE MAIL COMPLETED, NOTARIZED FORM TO:

**ISLIP TERRACE FIRE DEPARTMENT
264 BEAVERDAM ROAD
ISLIP TERRACE, NY 11752
ATTN: CHIEF OF DEPARTMENT**

OR

RETURN TO DISPATCH OFFICE IN A SEALED ENVELOPE ADDRESSED TO THE
CHIEF OF THE ISLIP TERRACE FIRE DEPARTMENT.

TO BE COMPLETED BY THE CHIEF OF THE DEPARTMENT

GREY AREA ON FORM **DCJS-VFF** WILL BE COMPLETED AND SIGNED OFF BY THE
CHIEF OF THE DEPARTMENT AND SUBMITTED TO THE BOARD OF FIRE
COMMISSIONERS FOR PROCESSING.

Date Submitted: _____ Chief: _____
(SIGNATURE)



183 Leader Heights Road
P.O. Box 2726
York, PA 17405
(800) 233-1957 or (717) 741-0911
www.vfis.com

BENEFICIARY DESIGNATION FORM

This form may be used for multiple Policies when designating the same beneficiary. Use a separate form when designating different beneficiaries for each Policy.

Indicate one of the following:

☐ New Insured ☐ Beneficiary Change ☐ Name Change: From: _____

Complete all of the following information:

Policyholder Name and Policy Number(s) (Emergency Service Organization Name)		
☐ _____	_Policyholder _____	Policy Number _____
☐ _____	_Policyholder _____	Policy Number _____
☐ _____	_Policyholder _____	Policy Number _____
☐ _____	_Policyholder _____	Policy Number _____
☐ Other _____		
☐ Other _____		

Last Name: _____	First Name: _____	MI: _____
Date of Birth: _____	Date of Membership: _____	Social Security Number: / /

I hereby designate the following beneficiary(ies) to receive any death benefit proceeds payable under the policies checked above. If this form represents a change of beneficiary, the present beneficiary designation(s) are terminated and the following designation(s) made:

BENEFICIARY DESIGNATION – Primary Class	Relationship to Insured	Date of Birth	Percent (Must equal 100%)
☐ Mark if additional beneficiaries are listed on a separate paper and attached. (Name, address, phone number and/or email address of beneficiaries)			
BENEFICIARY DESIGNATION – Contingent Class	Relationship to Insured	Date of Birth	Percent (Must equal 100%)
(Name, address, phone number and/or email address of beneficiaries)			

MINOR OR ESTATE AS BENEFICIARY: If death occurs and a minor child (a person under the age of majority) or your estate is designated as beneficiary, it may be necessary to have a guardian or legal representative appointed before any death benefit can be paid. This could mean legal expenses for the beneficiary and possible delay in the payment of any death benefit. Please take this into consideration when designating your beneficiary.

Insured's Signature: _____ Date: _____

Sample wording for Beneficiary Designations

Class	Relationship to Insured	Percent
One Beneficiary of a class Jane Ann Jones	Spouse	100%
Two or more Beneficiaries of a class: Arthur Leo Jones Grace Hays Jones	Father Mother	50% 50%
Unnamed Children: Children of the Named Insured		Split Equally
Unequal distribution: Grace Hays Jones Mary Jones Ford William Roger Jones	Mother Sister Brother	50% 25% 25%
Insured's Estate	Executors or Administrators of the Insured's Estate	

This form should be retained by the Policyholder with a copy to the insured.

* Primary Beneficiary is the person(s) who will receive the insurance proceeds.

** Contingent Beneficiary is the person(s) who will receive the insurance proceeds if the primary beneficiary is not alive at your death.

ISLIP TERRACE FIRE DEPARTMENT

KEY FOB / TEXT - ACCESS REQUEST FORM

Date Requested: _____

Requested By: _____

Rank / Company: _____

Requested For: _____

- ☐ Front Entrance Door
- ☐ West Apparatus Door
- ☐ Rear Entrance Door
- ☐ Chief's Office
- ☐ Dispatch Apparatus Door
- ☐ Dispatch Hall Door
- ☐ Kitchen Pantry
- ☐ District File Room
- ☐ District Equipment Room
- ☐ Uniform Room
- ☐ Officers Room

- ☐ Commissioner's Office Door
- ☐ Department Office
- ☐ District Office Door
- ☐ Red BLS Cabinet
- ☐ Walkin Box
- ☐ Members Lounge
- ☐ 3-Bay Front Door
- ☐ 3-Bay Rear Door
- ☐ District to Basement

SUB STATION

- ☐ Front Door
- ☐ Fuel Gate

REASON

- ☐ New Member _____
- ☐ Other - Explain: _____

TEXT ACCESS

☐ Department Text

☐ County Text

PHONE NUMBER: _____

CARRIER INFO: _____

COMPLETE AND SUBMIT TO CHIEF'S OFFICE FOR APPROVAL

Approved by Chief: _____

Date: _____

Date Submitted to District: _____ Date Submitted to County (FRES) _____

CHIEF - SUBMIT APPROVED FORM TO DISTRICT

INSTRUCTIONS ON REVERSE SIDE



Date Requested: Today's Date.

Requested By: Your Name Goes Here.

Requested For: If you are requesting access for someone else - that persons name.

Rank / Company: Your Rank and Company.

Access Required: Check box next to the access that you are requesting. If you require additional access that is not listed, check other and explain.

COMPLETE AND SUBMIT TO CHIEF'S OFFICE FOR APPROVAL

Approved By Chief: Name of Chief Approving Request.

Date: Date Approved by Chief.

Date Submitted to District: Date Form Submitted to District.

Date Submitted to County (FRES): Date FRES Text Form Was Submitted.