



# TERRYVILLE FIRE DEPARTMENT

19 JAYNE BLVD. - PORT JEFFERSON STATION, NY 11776



BRENDAN PILKINGTON  
**CHIEF OF DEPARTMENT**

RAYMOND KOLB  
**1st ASSISTANT CHIEF**

EDWARD SIMONETTI  
**2nd ASSISTANT CHIEF**

MICHAEL RUSSO  
**3rd ASSISTANT CHIEF**

Dear Applicant,

Thank you for your interest in becoming a member of the Terryville Fire Department. We are currently accepting applications for interior firefighters and Emergency Medical Technicians and are looking for caring and community minded people. You must be 18 years or older, in good physical health and of sound moral character. The requirements are very demanding, but the rewards are great. You will be asked to donate much of your time as you gain new skills and knowledge. In return you will experience a great sense of pride and personal accomplishment, while providing a vital service to your community.

Please review the following requirements to determine if you can make the commitment to becoming a volunteer firefighter. If so, please complete the criminal background check form and application. All forms must be notarized. Please include 2 photocopies of your NYS driver's license. Upon completion, forms can be returned via mail or dropped off at TFD Headquarters on Jayne Blvd. Any concerns or questions can be directed to Michael Russo, 3<sup>rd</sup> Asst. Chief at mrusso@tfdmail.org

## Requirements

- Applicants must pass a fire district medical exam
- Firefighter Candidates must complete In House Training
  - Once a week for approximately 12 weeks
- Firefighter Candidates must obtain a Firefighter I Certificate
  - 110 hours thru the Suffolk County Fire Academy
  - Hybrid course (online, in-person lectures, hands-on trainings)
- EMS personnel must obtain a NYS EMT certification within one year
  - Between 150-180 hours through various course providers
  - Combination of classroom and hand-on trainings
- Members must meet alarm response requirements
- Members must attend required drills, trainings and meetings

Applicant initials \_\_\_\_\_

**APPLICATION FOR MEMBERSHIP  
TERRYVILLE FIRE DEPARTMENT  
PORT JEFFERSON STATION, NY**

INSTRUCTIONS: Application must be completed in duplicate.  
Application and background form are to be notarized. Please complete all forms neat and legible.

Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

U.S. Citizen: Y / N      Marital Status: \_\_\_\_\_      # of Children: \_\_\_\_\_

Valid NYS Drivers License: Y / N      Drivers License Number: \_\_\_\_\_

EDUCATION	High School	Vocational	College / University	Advanced Education
SCHOOL NAME				
CITY & STATE				
YEAR GRADUATED				
DEGREE / AREA				

MILITARY EXPERIENCE	Branch	Highest Rank	Dates	Discharge Type

FIRE / RESCUE EXPERIENCE	Fire Department	City, State	Dates	Rank / Assignment

EMS TRAINING	CFR	EMT	EMT-CC	PARAMEDIC
(Provide date of certification)				

CHECK THE USUAL TIMES THAT YOU WILL BE AVAILABLE TO RESPOND TO EMERGENCIES:

TIME	SUN	MON	TUE	WED	THU	FRI	SAT
6:00am – 12:00pm							
12:00pm – 6:00pm							
6:00pm – 12:00am							
12:00am – 6:00am							

Reasons for wanting to join the Terryville F.D.: \_\_\_\_\_

Do you agree to a comprehensive physical examination by the Fire District Physician: Y / N

List any physical or mental disorders that you are presently or have previously been treated for by a physician or medical facility: \_\_\_\_\_

In case of an emergency, notify: \_\_\_\_\_

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

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

**ANY FALSE INFORMATION PROVIDED ON THIS APPLICATION WILL BE CAUSE FOR IMMEDIATE DISMISSAL.**

**I certify that all statements provided on this form are true. I consent to the release of any information required to verify the information provided. I agree that I will obey all laws, rules, and regulations and follow the operational policies and guidelines as prescribed by the Terryville Fire Department.**

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

State of NEW YORK, County of SUFFOLK SS.

\_\_\_\_\_ being duly sworn, both deposes and says that the above statements are true to the best of his / her knowledge and belief and are given to induce the Terryville Fire Department to accept the application

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_  
(Signature & Stamp of Notary)



**I hereby authorize the Suffolk County Police Department to conduct a criminal background check, including a check of any Sealed Records. I authorize the release of information directly to the Terryville Fire Department.**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

D.O.B.: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

NYS DRIVER I.D. NUMBER: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

State of NEW YORK, County of SUFFOLK SS.

\_\_\_\_\_ being duly sworn, both deposes and says that the above statements are true to the best of his / her knowledge and belief and are given to induce the Terryville Fire Department to accept the application.

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