

# Stewartsville Volunteer Fire Company

Stewartsville, New Jersey 08886

Organized 1926

## MEMBERSHIP APPLICATION

### Section I – Personnel Record

Applicants Name: _____		
Last,	First	(Middle)
Address: _____		
House #	Street Name	
_____		
City,	State	Zip
Home Phone: _____		Mobile Phone: _____
Email Address: _____		
Past Address: _____		
House #	Street Name	
_____		
City,	State	Zip
DoB: _____ Age: _____		US Citizen: <input type="checkbox"/> YES <input type="checkbox"/> NO
<i>(Non-US Citizens must provide proof of authorization to work in the US)</i>		
SS#: _____		Drivers License #: _____
MEMBERSHIP CLASIFICATION REQUESTED		
ACTIVE: <input type="checkbox"/> Firefighter <input type="checkbox"/> Fire Police <input type="checkbox"/> Junior FF <input type="checkbox"/> Cadet FF		
ASSOCIATE: <input type="checkbox"/> Auxiliary <input type="checkbox"/> Photographer <input type="checkbox"/> Other: _____		

### Section II – Current Level of Certification

<input type="checkbox"/> NJ Firefighter I #: _____	<input type="checkbox"/> NJ Firefighter II	<input type="checkbox"/> NJ Firefighter III
<input type="checkbox"/> ICS Level: _____	<input type="checkbox"/> NJ IMS Level: _____	<input type="checkbox"/> NIMS-700
<input type="checkbox"/> HazMat Level: _____	<input type="checkbox"/> NJ Fire Officer I	<input type="checkbox"/> EMT #: _____
Other Training / Certifications: _____		
_____		
<i>Use back of sheet if required. Attach copies of certificates (required to prove certification)</i>		

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## Section III – Employment Record

**Current Employer:** \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street Name, City, ST, Zip

Employer Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Previous Employer:** \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street Name, City, ST, Zip

Employer Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Have you ever been a member of any other emergency service organization?**

YES  NO

**Name of Organization I:** \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street Name, City, ST, Zip

Organization Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Name of Organization II:** \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street Name, City, ST, Zip

Organization Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

## Section IV - References

**Please list the names and contact information of three references who are not relatives, including at least one professional reference (for Cadets the professional reference can be a teacher or a coach)**

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

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## Section V – Background Information

Have you had any traffic violations in the past 3 years? YES NO

If YES then please list date, place, and type of violations: \_\_\_\_\_

Have you ever been charged, convicted, placed on probation, entered into a pre-trial invention (PTI) program or entered into a plea bargain agreement in connection with a violation of law under the laws of any state, the federal government, or any other jurisdiction, other than a traffic violation as indicated above? YES NO

Have you ever been subjected to limitation, suspension, or termination, or have you been compelled to voluntarily surrender any certification, as a firefighter, or any certification to participate in, provide, or practice an emergency service whatsoever? YES NO

*If you answered “yes” to either of the above questions you must provide official documentation that fully describes the offense, current status, and disposition of the case.*

**Please read carefully and sign the following statement of acceptance and intent:**

*I hereby apply for membership in the Stewartsville Volunteer Fire Company. If accepted, I agree to be diligent, prompt, and regular in the performance of my assigned duties and follow the By-Laws, Standard Operation Procedures, policies, guidelines, rules, and regulations of the Fire Company.*

*I agree not to report for duty while under the influence of alcohol or any unlawful substance or when under the intoxicating influence of prescription drugs or substances.*

*I understand that by affixing my signature to this page I hereby agree to and authorize the Stewartsville Volunteer Fire Company (“Fire Company”) and their agents, including but not limited to the Fire Company’s Application Investigating Committee and the Greenwich Township Police Department, to conduct a Background Investigation check of myself as an applicant for membership in the Stewartsville Volunteer Fire Company.*

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*I understand that any information that may be obtained by the Fire Company as a result of this Background Investigation shall remain the property of the Fire Company and that such information shall be kept confidential between the Greenwich Township Police Department and the Fire Company's Application Investigating Committee.*

*I also understand and acknowledge that any information about me that is obtained by the Fire Company as a result of this Background Investigation or by any means whatsoever may be utilized by the Fire Company's Application Investigating Committee for the purpose of evaluating my application for membership and that my application for membership may be approved or denied for any reason.*

*Failure or refusal to sign this form or knowingly providing false information on the Membership Application or to a member of the Fire Company's Application Investigating Committee may result in denial of membership or future dismissal from the Stewartsville Volunteer Fire Company.*

**APPLICANT PRINTED NAME:** \_\_\_\_\_

**APPLICANT SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*By signing this application I certify that the information provided herein is accurate and truthful.*

*The following signature is required for all applicants for Cadet or Junior membership. By signing below the Parent / Guardian of the applicant for Cadet / Junior membership agrees to the terms of this application on behalf of the minor applicant and agrees to meet with the Fire Company's Application Investigating Committee along with the applicant for membership.*

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_