

MEMBERSHIP APPLICATION



This packet is to be completed and returned to the Franklin Fire Company on or before the regular meeting on the third Monday of the month at 7:30PM.

Applicants must be present at the time their application is presented to the Franklin Fire Company and also when their membership is voted on.

Applications are presented at the regular meeting of the Franklin Fire Company on the third Monday of the month at 7:30PM and membership is voted upon at the next regular meeting after a successful background check.

Do you know any members of this organization? () Yes () No – If yes, give details

Have you ever been arrested? () Yes () No – If yes, give details

Is your driving privilege in this state or any other state revoked/suspended? () Yes () No – If yes, give details:

Have you ever received a Motor Vehicle Summons? () Yes () No – If yes, give details

REFERENCES:

Please list (2) two references not related to you that will vouch for your character!

Reference (name, address, phone)_____

Reference (name, address, phone)_____

DEPARTMENT INFORMATION:

Previous Fire Department affiliations:

Department Name: _____

Chief's Name: _____

Chief's Contact Information: _____

Date of Hire: _____

Current Title: _____

This information that I have supplied is both accurate and truthful to the best of my knowledge. I understand that if I willfully supply inaccurate information on this application I am subject to dismissal or rejection from the Franklin Fire Company No. 1. I understand that a Criminal Background check must be completed prior to my acceptance into the Company.

I further more agree to act in accordance with the Department rules and regulations, the laws of the State of New Jersey, and United States of America.

(Date)

Applicant's Signature

Franklin Fire Company No. 1

3135 Route 206
Columbus, New Jersey 08022
609-298-5325

Job Description

Company Active

Company Active Members must be able to meet the physical requirements of Firefighting and Fire Police activities and maintain annual state and departmental requirements. Reports to and functions as directed by the Chief of the Department or designee.

The Company Active Volunteer Firefighter/Fire Police:

- Maintains core values in moral and ethical decision making.
- Maintains emergency operational readiness. Is appropriately prepared to respond.
- Understands emergency operational execution while complying with SOGs and directives.
- Completes tasks and assignments, at an appropriate level, as directed by a ranking officer.
- Maintain emergency situational awareness such as an appropriate response and use of resources with consideration of surroundings.
- Communicate, cooperate and collaborate with others.
- Promote a positive and professional public image.
- Responds to alarms of fire or other emergencies.
- Reports to company officer for instructions.
- Performs such other duties in line of rescue as required.
- Assumes certain responsibility for servicing and maintenance of fire equipment, fire station and grounds.
- When assigned by an officer, will appropriately and safely operate equipment.
- Applies leadership where and when appropriate.
- Shall be engaged in preventing, controlling, extinguishing fires, and shall give aid in the saving of lives.
- Shall follow the operating standards, policies, and practices as prescribed by the Chief of the Department.
- Must be of good moral character and of temperate and industrious habits.

Date: _____

Member: (*print*) _____

Chief: (*signature*) _____

Signature indicates member has met the minimum qualifications of this description.

v 9/15/14

Membership information

PERSONAL INFORMATION:- For personnel file and accountability tag issuance.

Last Name: _____

First Name: _____

Middle Name: _____

Home Address: _____

Mailing Address: _____

E-mail Address _____

Home Phone: # _____ Work Phone: # _____

Cell Phone: # _____

Date of Birth: _____

Social Security #: _____

Driver License State issued/ #: _____

Primary Beneficiary: _____

Marital Status: Married: _____ Single: _____

EMERGENCY INFORMATION:

Emergency Contact #1: _____ Phone: # _____

Emergency Contact #2: _____ Phone: # _____

Primary Physician: _____ Phone: # _____

Physician Address: _____

Blood Pressure: ___ / ___ Blood Type: _____ Pulse Rate: _____ Religion _____

Medical History: _____

Medications: _____

Allergies: _____

Background check () no record () needs review

Date ___/___/_____ MTPD # _____