

# 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.**

**All sections must be completed. Any incomplete applications will be discarded.**

**Franklin Fire Company No. 1**  
**3135 Route 206, Suite 4, Columbus NJ 08022**  
**(609)-298-5325**

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**VOLUNTEER MEMBERSHIP APPLICATION**

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Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Last) (First) (M.I.)

Address: \_\_\_\_\_  
(Street) (Town) (State) (Zip Code)

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ Ext: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Email : \_\_\_\_\_

Driver's License State /Number: \_\_\_\_\_ Expiration date \_\_\_\_\_

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

Employer's Address: \_\_\_\_\_

Employer's Phone Number: \_\_\_\_\_ Occupation: \_\_\_\_\_

Immediate Supervisor's Name: \_\_\_\_\_

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Do you belong to any other community organizations? ( ) Yes ( ) No – If yes, give details

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Do you have any previous firefighting experience? ( ) Yes ( ) No – If yes, give details

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Do you currently have any other certifications that may be of importance to the fire department (ie. EMT/Haz Mat Tech/Rescure Tech/CPR etc.) ( ) Yes ( ) No – If yes, give details

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

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

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

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

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**REFERENCES:**

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

Reference (name, address, phone)\_\_\_\_\_

Reference (name, address, phone)\_\_\_\_\_

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**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 # \_\_\_\_\_ Submitted to Clerk \_\_\_/\_\_\_/\_\_\_

Twp. Committee Approval \_\_\_/\_\_\_/\_\_\_ Data Entered \_\_\_/\_\_\_/\_\_\_