

# Membership Application

## Stone Harbor Volunteer Fire Company #1



Stone Harbor Volunteer Fire Company #1  
PO Box 539  
Stone Harbor, New Jersey 08247  
Phone. 609-368-4091

Thank you for your interest in membership in the Stone Harbor Volunteer Fire Company. Our fire company has been serving the residents of Stone Harbor since 1912. Our current membership is a diverse group of dedicated individuals, who reside not only in Stone Harbor, but also in our surrounding communities. Our protection area is a beautiful resort beach community, which includes residential, beach and waterways. Our membership has put great time into training for firefighting and emergency medical services operations, and as a result is extremely effective and adaptable.

Fire Company membership has its privileges, including:

- ◆ Yearly stipend for fire call attendance.
- ◆ Monthly stipend for volunteer EMS shifts.
- ◆ Life insurance benefit
- ◆ Local, state and national-level training
- ◆ Uniforms, turn-out gear, training and personal equipment provided

The Stone Harbor Volunteer Fire Company is always looking for new volunteer members. We accept members from not only our response area, but also surrounding areas and communities. Members are needed now in the following categories:

**1. ACTIVE MEMBER:** Age 18 and above, responds to Fire or EMS calls and can be **in one or more of the following categories:**

- a. Firefighter: participates in firefighting functions**
- b. Emergency Medical: participates in emergency medical functions**

**2. JUNIOR MEMBER:** Junior Members shall be between sixteen (16) and eighteen (18) years of age. They shall have written parental consent before applying for membership. They shall have voice, but no vote on the floor and shall abide by the rules and regulations of this Company.

Perhaps the greatest privilege of membership is the friendships developed and the great feeling of satisfaction derived from helping your fellow citizens. Please fill out the attached membership application and drop it off to a member, or at the firehouse any Thursday night from 7:00 to 9:00pm. The firehouse is located at 96<sup>th</sup> and Second Avenue.

## MEMBERSHIP APPLICATION

### GENERAL INFORMATION

(Please print)

Name: \_\_\_\_\_

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

Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Soc. Sec. #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Are you aware of any medical condition that would prevent you from becoming a firefighter?

\_\_\_\_ YES \_\_\_\_ NO

If yes, please explain: \_\_\_\_\_

Date of last physical examination: \_\_\_\_\_

Are you a high school graduate or equivalent? \_\_\_\_ YES \_\_\_\_ NO

### EXPERIENCE

Have you ever been a member of any other emergency service organization? \_\_\_\_ YES  
\_\_\_\_ NO

If yes, please list dates, reason for leaving, references with phone numbers and any offices held: \_\_\_\_\_

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List all emergency services training you have attended (attach copies of all certificates) \_\_\_\_\_

Have you ever applied to another volunteer emergency service and been denied?  
\_\_\_\_ YES \_\_\_\_ NO

If yes, please explain: \_\_\_\_\_

Have you ever been a member of any branch of the military? \_\_\_\_ YES \_\_\_\_ NO  
If yes, what was the date and type of discharge? \_\_\_\_\_

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## EMPLOYMENT HISTORY

Company: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Company: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, please explain: \_\_\_\_\_

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Do you currently possess a valid New Jersey driver's license? \_\_\_\_\_ YES \_\_\_\_\_ NO

Driver's license number: \_\_\_\_\_

Has your driver's license ever been revoked? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, please explain: \_\_\_\_\_

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## REFERENCES

Please list 3 non-family references:

Name:	Address:	Phone:
1. _____		
2. _____		
3. _____		

I AUTHORIZE THE INVESTIGATION OF ALL INFORMATION CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR HEREIN WILL BE SUFFICIENT CAUSE FOR CANCELLATION OF CONSIDERATION FOR MEMBERSHIP, OR DISMISSAL FROM THE STONE HARBOR VOLUNTEER FIRE COMPANY IF I HAVE BEEN ACCEPTED AS A MEMBER. I UNDERSTAND THAT MY MEMBERSHIP MAY BE SUBJECT TO A PHYSICAL EXAMINATION IN WHICH MY HEALTH HAS BEEN DETERMINED TO BE SATISFACTORY. I ALSO AGREE TO FOLLOW ALL THE RULES, REGULATIONS AND BY-LAWS OF THE FIRE COMPANY.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*DO NOT WRITE BELOW THIS LINE*

Membership: \_\_\_\_\_ Approved \_\_\_\_\_ Denied Date: \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

Probation begins: \_\_\_\_\_ Ends: \_\_\_\_\_

Membership proposed by: \_\_\_\_\_

Type of membership: \_\_\_\_\_

Insurance cards completed: \_\_\_\_\_