



Stone Harbor Volunteer Fire Company #1
PO Box 539
Stone Harbor, NJ 08247

Chief Roger W. Stanford

MEMBERSHIP APPLICATION

GENERAL INFORMATION

(PLEASE PRINT)

Type of Membership being applied for:

_____ Fire _____ Volunteer EMS _____ Daytime EMS

Name: _____

Address: _____

Phone (Home) _____ Cell _____

Date of Birth: _____ Soc. Sec. # _____

E-Mail Address _____

Marital Status: _____ Spouse: _____

Are you aware of any medical conditions 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? _____

EXPERIENCE

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

_____ Yes _____ No

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

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

Have you ever applied to another volunteer emergency service and been denied?
_____ Yes _____ No

Have you ever been a member of any branch of the military? _____ Yes _____ No

If yes, what was the date and type of discharge?

EMPLOYMENT HISTORY

Company: _____

Address: _____

Phone: _____ Supervisor: _____

Job Title: _____

Company: _____

Address: _____

Phone: _____ Supervisor: _____

Job Title: _____

Have you ever been convicted of a crime? _____ Yes _____ No

Arson _____ Yes _____ No

If yes, please explain: _____

Do you currently possess a valid New Jersey driver's license? _____ Yes _____ No

Drivers license number: _____

Has your drivers license ever been revoked? _____

If yes, explain:

REFERENCES

Please list 3 non-family references:

Name:

Address:

Phone:

1. _____

2. _____

3. _____

Did a firefighter recommend that you join the department? _____ Yes _____ No

If so, who? _____

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: _____ **End:** _____

Membership proposed by: _____

Type of membership: _____

Approval or denial letter sent: _____ **Yes** _____ **No** _____ **Date**