



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: _____

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?

Are you currently a certified EMT? _____ Number _____

Have you ever been a member of any branch of the military? _____

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

Will you authorize the Stone Harbor Fire Department to conduct a criminal background check? _____ Yes _____ No

Arson Conviction? _____ Yes _____ No

If yes, please explain: _____

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Has your driver's license ever been revoked? _____

If yes, explain:

What are your goals if accepted into the Stone Harbor Fire-Rescue?

Are you afraid of heights? _____

Claustrophobic? _____

Are you able to lift and carry heavy objects or people? _____

Are you able to stay calm in stressful situations? _____

Are you able to make quick decisions under stress? _____

Do you have trouble taking directions from supervisors or people of higher authority?

Would your current job prohibit you from responding to calls at any time?

If accepted into Stone Harbor Fire-Rescue there will be a (6) month probation period and you will be required to make a minimum of 50% of all calls, which include fires, drills, and meetings. Do you think that you could meet this requirement? _____

REFERENCES

Please list 3 non-family references:

Name: _____ **Address:** _____ **Phone:** _____
1. _____

Reference Signature: _____ **Date:** _____

2. _____

Reference Signature: _____ **Date:** _____

3. _____

Reference Signature: _____ **Date:** _____

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** _____