

Vincent Fire Company No. 1

Serving from the Village of Vincentown since 1850



Contributory & Auxiliary Membership Application

www.vincentfire.org



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Dear Applicant,

Thank you for applying for membership to Vincent Fire Company No. 1.

The following steps have been established to assist you in the timely completion of a membership application:

1. Complete the Membership Application Form including the Authorization for Release of Information and return to the secure mailbox out front of the firehouse at 16 Race Street, Vincentown, NJ 08088. Please email or call us to let us know your application was dropped off. (email to info@vincentfire.org or call 609-859-3200)
2. Your application will be checked for completeness and forwarded to the Membership Committee. A representative will then contact you to schedule your orientation and review all membership category participation requirements.
3. After your application for membership has been approved, the Membership Committee will then reach back out to provide status on your application and complete the welcoming process.

Should you have any questions regarding this application process, please feel free to contact the firehouse at (609) 859-3200 or visit on Tuesday evenings from 7:00PM to 10:00PM.



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Volunteer Membership Application

Name _____ Date of Birth _____

(last) (first) (M.I.)

Address _____

Home Phone _____ Cell Phone _____

Email: _____

How long have you been a Township resident? _____

If you have resided at this address for less than one year, please supply previous address:

Occupation _____

Employer _____

Employer's Address _____

Employer's Phone _____

Do you belong to any other community groups? () Yes () No

If yes, please give details: _____



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Do you speak any foreign languages? If so please describe the language and to what level you speak and understand it.

Have you been inoculated for protection against Hepatitis "B" virus?

How did you hear about volunteer opportunities with Vincent Fire Company No. 1: Website, Current Member, Advertisement, Company event, or other?

The information that I have supplied is both truthful and accurate to the best of my knowledge. I understand that willfully supplying inaccurate information may result in my application being rejected.

____/____/____
Date

Applicant's Signature



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Personnel Directory Update

This form must be filled out completely by the applicant.

Name: _____ Date: _____

Religion: _____ Blood Type: _____ Allergies: _____

Medications: _____

Physician: _____ Phone: _____

Special Medical Information: _____

Emergency Contacts:

Name	Relation	Address	Type of Number*	Phone Number

*Home, Cellular, Work, Pager, etc.



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Authorization for Release of Information

Name: _____

Address: _____

Social Security No: _____

Date of Birth: _____

To all law enforcement agencies, police departments, motor vehicle departments, probation departments, selective boards, physicians, hospitals, and other institutions and agencies without exception:

I, _____, am making an application for membership to Vincent Fire Company No. 1. As part of that application a background investigation is being conducted to determine my eligibility.

You are authorized and directed to release to Vincent Fire Company No. 1, as well as its officer representatives, any information and documentation they may request.

If I am approved for membership by the fire company, this authorization shall be effective so long as I am a member of said company, unless sooner revoked by me in writing; you may rely upon the written certification of the Fire Chief or other officer of the Company to the effect that this authorization is still in effect and of my continuing membership.

A copy of this authorization will be considered as effective as the original.

Applicant's Signature: _____

Signed this _____ day of _____, 20____



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Criminal Background Authorization

I, _____ hereby authorize the Vincent Fire Co. #1 to perform a background check for the purpose of approving membership to the same.

Please Print: _____

Full legal name: _____

Other names you have used in the past seven years: _____

Current Address: _____

Previous Address for past seven years:

1. _____

2. _____

Phone Number: _____

DOB: _____

Gender: _____

Social Security Number: _____

Drivers License Number: _____

Signature: _____

Mailing Address: 16 Race Street Vincentown, New Jersey 08088 www.vincentfire.org
609-859-3200 Vincent Fire Co. #1 is an equal opportunity provider and employer.

EMERGENCY - DIAL 911