

Vincent Fire Company No. 1

Serving from the Village of Vincentown since 1850



Membership Application

www.vincentfire.org



Vincent Fire Company No. 1

Serving from the village of Vincenttown since 1850

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. Return to the firehouse, PO Box 2389, Vincenttown, NJ 08088.
2. Sign and date the Authorization for Release of Information form. This form must be notarized. Return with the membership form as explained above.
3. Your application will be checked for completeness and your name forwarded to the Recruit & Retention Officer. He/she will contact you to schedule your orientation. At this time the company's participation requirements will be explained to you.
4. Upon returning the application to the firehouse you will be required to complete the NJ State Firemen's Association Form, and to bring that form for your physician.
5. After your application for membership has been approved, the Recruit & Retention Officer will notify you and advise you of the date of your Recruit Indoctrination. At this time the officer will complete the Indoctrination process and issue the necessary uniform components, personal protective equipment, and paging equipment to you.

Should you have any questions regarding this application process, please feel free to contact the firehouse office at (609) 859-3200, Tuesday evenings from 7:00PM to 11:00PM.



Vincent Fire Company No. 1

Serving from the village of Vincenttown since 1850

Volunteer Membership Application

Name _____ Date of Birth _____
(last) (first) (M.I.)

Address _____

Home Phone _____ Work Phone _____ Ext. _____

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:

Social Security Number _____

Drivers License Number _____ Exp. _____

Occupation _____

Employer _____

Employer's Address _____

Employer's Phone _____

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

If yes, please give details: _____



Vincent Fire Company No. 1

Serving from the village of Vincenttown since 1850

PREVIOUS EMERGENCY SERVICES EXPERIENCE

Do you have any previous firefighting or EMS experience? () Yes () No
If yes, where and for how long?

Do you have any specialized training and/or experience? () Yes () No
If yes, please describe:

If you are an EMT please provide a copy of your EMT certification.

If you are a certified firefighter please provide a copy of your firefighting certification.

Did you serve as an officer, if so what position(s)?

Did you achieve any specialized training/skills? If so please describe:

Were you qualified to operate apparatus or specialized tools? If so please describe:

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



Vincent Fire Company No. 1

Serving from the village of Vincenttown since 1850

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?

***Applicants with previous emergency services training and/or experience, please provide copies of any certifications you may hold.**

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



Vincent Fire Company No. 1

Serving from the village of Vincenttown since 1850

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:

In Case of Serious Injury:

	Name	Relation	Address	Type of Number*	Phone Number	Unlisted (Y/N)
1 st						
2 nd						
3 rd						

*Home, Cellular, Work, Pager, etc.

In Case of Death:

	Name	Relation	Address	Type of Number*	Phone Number	Unlisted (Y/N)
1 st						
2 nd						
3 rd						

*Home, Cellular, Work, Pager, etc.



Vincent Fire Company No. 1

Serving from the village of Vincenttown since 1850

Authorization for Release of Information

RE: Name: _____

Address: _____

Social Security No: _____ Date of Birth: _____

Driver's License No: _____

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 application for membership to Vincent Fire Company No. 1. As part of that application an 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 photo static copy of this authorization will be considered as effective as the original.

Applicant's Signature: _____

Signed and Sworn before me this _____ day of _____, 20 _____

Signature of Notary Public

Personnel Accountability Tag Data Form



Vincent Fire Company No. 1

Serving from the village of Vincenttown since 1850

This information is utilized to create a Personal Accountability Tag on your behalf.

Personal Information

First Name: _____

Middle Name: _____

Last Name: _____

Address: _____

Phone No: _____

Date of Birth: _____

Social Security No: _____

Driver's License No: _____

Height: _____

Weight _____

Eye Color: _____

Hair Color: _____

Primary Beneficiary: _____

Religion: _____



Vincent Fire Company No. 1

Serving from the village of Vincenttown since 1850

Medical Information

Past Medical History:

Medication:

Allergies:

Blood Type:

Organ Donor

() Yes () No

Physician's Name:

Physician's Telephone No:

Physician's Address:

Emergency Information

Emergency Contact 1

Phone No:

Emergency Contact 2

Phone No:

Please list any individual you wish to accompany company personnel during emergency notifications. (i.e. friend, relative, clergy, etc.)

Name:

Address:

Phone No:



Vincent Fire Company No. 1

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