

Vincent Fire Company No. 1

Serving from the Village of Vincentown since 1850



Junior Membership Application

www.vincentfire.org



Vincent Fire Company No. 1

Serving from the village of Vincenttown since 1850

Name: _____ Date: _____

Address: _____ Phone: _____

Date of Birth: _____ Age: _____ Social Security: _____

School: _____ Grade: _____

Fathers Name and Address:

Mothers Name and Address:

Emergency Contact/Relation/Phone Number/Address:

Alternate Emergency Contact/Relation/Phone Number/Address:

Uniform Information

Tee Shirt Size: S M L XL XXL

Sweatshirt Size: S M L XL XXL

WAIVER

I _____ hereby state that I am the lawful guardian of _____, and do knowingly give permission for _____, to participate in the Vincent Fire Company #1's Junior Member Program. I am aware of all inherent risks that may be associated with the training and emergency response aspects of this program. I have reviewed the Standard Operating Procedures and give my child permission to participate in this program and will not hold Vincent Fire Company #1 or its members liable for injury, unless the members proved negligent in their duties.

Signature:

Date:



Vincent Fire Company No. 1

Serving from the village of Vincenttown since 1850

Junior Member Physical Form

TO BE FILLED OUT BY A PHYSICIAN LICENSED IN THE STATE OF N.J. AND RETURNED TO VINCENT FIRE COMPANY. ALL SECTIONS OF THE PHYSICAL MUST BE PROPERLY FILLED OUT OR THE APPLICATION WILL BE DENIED.

PLEASE PRINT

NAME: _____
FIRST INITIAL LAST

SEX _____ AGE _____ HEIGHT _____ Ft _____ in. WEIGHT _____ lbs.

EYESIGHT L ____ / ____ R HEARING- (CORRECTED NUMBERS PLEASE) HEARING _____ BP _____

HAS APPLICANT ANY APPARENT DISABILITIES IN:

FACIAL _____ PULMONARY _____

VASCULAR _____ GENITOURINARY _____

CARDIO PULMONARY _____ ABDOMEN _____

MUSCULO-SKELETAL _____ OTHER _____

HAS APPLICANT EVER SUFFERED FROM INJURY? _____ YES _____ NO

DESCRIBE

THE APPLICANT IS FREE OF ANY MEDICAL OR PHYSICAL CONDITIONS THAT WOULD CAUSE HARM TO HIM/HER OR ANY OTHER FIREFIGHTER (S). _____ YES _____ NO

REJECTION IS BASED ON THE FOLLOWING:



Vincent Fire Company No. 1

Serving from the village of Vincentown since 1850

REMARKS:

I CERTIFY THAT AS A PRACTICING PHYSICIAN IN THE STATE OF NEW JERSEY, THE APPLICANT IS FREE FROM ANY ACUTE OR CHRONIC DISEASE AND HAS NO PHYSICAL DEFECTS THAT WOULD HINDER HIS/HER ABILITY TO PERFORM THE DUTIES OF A FIREFIGHTER.

DATE EXAMINED _____ EXAMINED AT _____

Address of office

PHYSICIAN'S PHONE NUMBER _____

PRINT PHYSICIAN'S NAME _____

SIGNATURE OF PHYSICIAN _____



Vincent Fire Company No. 1

Serving from the village of Vincenttown since 1850

Junior Member Physical Guidelines

EYES: Must be 20/30 corrected (with glasses, contacts, or surgical procedures).

HEARING: Loss of hearing acuity so as to be unable to perceive sounds within normal voice range with or without hearing aid.

NOSE: Any significant nasal obstruction to free breathing not subject to correction by surgery.

MOUTH: Conditions which impair ability to communicate.

NECK: Problems resulting from (a) Goiter; (b) Limited range of motion; which prohibits turning, extension or free movement of the neck; (c) Tracheotomy - existing openings at the lower portion of the neck connecting the windpipe to the outside environment for the purpose of easy breathing.

PULMONARY: Problems resulting from loss or removal of a lung; (a) any Pulmonary disorder which would limit the applicants ability to perform (b) Pulmonary Function test below normal. (c) Chronic Obstructive Pulmonary Disease/Asthma.

CARDIO PULMONARY SYSTEM: Problems resulting from Heart disease or cardiomegaly.

PERIPHERAL VASCULAR SYSTEM: Problems resulting from (a) Varicose veins; (b) Aneurysms; (c) Lymphedema; (d) Thrombophlebitis; (e) Arteriosclerosis Obliterans; (f) Buerger's Disease; (g) Raynaud's Disease; (h) Arterio-Venous Fistula; (i) High Blood Pressure, not able to be corrected or controlled by medication. Acceptable blood pressure reading should be as follows: Systolic not higher than 150 but not lower than 90. Diastolic Maximum should be 100 mmhg, Minimum 50 mmhg.

ABDOMEN: Problems resulting from (a) Organomegaly; (b) Signs of tenderness in an area; (c) Presence of masses such as hernias of various types.

GENITOURINARY SYSTEM: Problems arising from (a) Presence of abnormal masses; (b) Abnormal discharges from any of the orifices; (c) Active venereal diseases; (d) Parasitic diseases; (e) Varicocele and Varices, (f) Hydrocele.

MUSCULO-SKELETAL SYSTEM: Problems arising from (a) Congenital malformation; (b) Limitation of Motion; (c) Weakness; (d) Impairment or absence of one or more of the digits on either or both hands; (e) Impairment of function of the hands; (f) Missing toes if it interferes with ambulation; (g) Deformities of the spine, pelvis or extremities.

OTHERS: Problems arising from (a) Disqualification for psychiatric conditions must be determined by local agencies; (b) Allergic conditions which are chronic and incapacitating; (c) Severe anemia; (d) Active peptic Ulcer; (e) Diabetes; (f) History of epilepsy or seizures other than documented febrile convulsions in childhood; (g) Alcoholism or drug addiction; (h) Removal of vital organs; (i) Any other condition not listed above which would render the eligible incapable of performing their duties as a fireperson.