

KNOWLTON TOWNSHIP FIRE & RESCUE COMPANY No 1

STATION 41



Application For Membership

PLEASE PRINT

Name _____ / _____ SS# _____ - _____ - _____

Last First MI Maiden

Address _____ D.O.B. ____/____/____ Sex: M ___ F ___

Street

E-mail _____

City State Zip

Home Phone # (____) ____ - ____ Work # (____) ____ - ____ Cell # (____) ____ - ____

Are you under the age of 18? Yes ___ No ___ If Yes, can you provide working papers? Yes ___ No ___

Are you presently a member or have been a member of a fire company or rescue squad? Yes ___ No ___

If YES Where? _____ PHONE # (____) ____ - ____

Address

Name of current or previous Fire Chief or Rescue Captain _____

Please provide a letter from previous or current fire company or rescue squad.

Have you been denied membership to any volunteer organization in the past? Yes ___ No ___ If yes please explain: _____

Type of membership that you're interested in: Active ___ Social ___ Junior ___

Area of interest: Fire ___ EMS ___

Time your available: Days ___ Evenings ___ Any ___

Please List any Certifications you currently hold:

Certification State Expiration Date

1. _____
2. _____
3. _____
4. _____

Please list any fire service and/or emergency medical service training facility you attended

Course School Location Date started Date Ended Completed

- | | | | | | | |
|----------|-------|-------|-------|-------|-----|----|
| 1. _____ | _____ | _____ | _____ | _____ | Yes | No |
| 2. _____ | _____ | _____ | _____ | _____ | Yes | No |
| 3. _____ | _____ | _____ | _____ | _____ | Yes | No |
| 4. _____ | _____ | _____ | _____ | _____ | Yes | No |

Please enclose copies of your certifications with your application

Do you have a current driver's license? Yes ___ No ___ If yes, Driver license# _____

If no please explain _____

Has your license been revoked in any state? Yes ___ No ___ If yes please

explain: _____

Do you have any violations on your license? Yes ___ No ___ If yes please explain: _____

Please list three personal references that are not related to you:

Name _____

Address _____

Phone# (____) ____ - ____

Relationship _____

Name _____

Address _____

Phone# (____) ____ - ____

Relationship _____

Name _____

Address _____

Phone# (____) ____ - ____

Relationship _____

P.O. Box 231 ~ 4 ROY ACE STREET ~ DELAWARE, NJ 07833

PHONE 908.475.4268 ~ FAX 908.475.4300

WWW.KNOWLTONFIRERESCUE.COM

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In case of emergency whom may we contact? Name _____ Phone # (____) ____ - ____

Have you ever been convicted of a crime? Yes ___ No ___ If yes please explain _____

I hereby give permission to Knowlton Township Fire & Rescue Co. to do a criminal background check and to obtain a Motor Vehicle Record.
(Applicant: **Be advised that ONLY the KTFR Membership Committee will see and review the contents of the background check and the MVR.**)

Signature of Applicant Date

Signature of parent or guardian (For members under the age of 18) Date

I certify that the statements made by me on this membership application are true, complete, and correct to the best of my knowledge and are made in good faith. I understand that if I have knowingly made a misstatement of these facts, I am subject to rejection and/or removal as a member of the Fire Company and Rescue Squad. I further understand that if I knowingly made any false statement regarding my criminal history, I will be liable for the cost of the Department's physical and any firefighter and rescue classes taken.

Signature of Applicant Date

Signature of parent or guardian (For members under the age of 18) Date

We would like to thank you for taking time to fill out our application and expressing interest in joining our organization and we look forward to working with you in the future.

For office use only

KTFR Approval Chief or Captain _____ Date _____

Township Mayor _____ Date _____

Record Dates:

Application received by Fire Chief or Rescue Captain _____
Application received by Secretary _____
Interview scheduled for _____
Interview with parents for any members under the age of 18 _____
Member approved by the body _____
Start of member's probation period _____
Member sworn in as an active member _____

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