

Stillwater Area Volunteer Fire Company

929 Stillwater Rd

Newton, NJ 07860



Membership Application/Personal Data Form Township of Stillwater

First Name: _____ Last Name: _____ MI: _____

Telephone Number: (Cell) _____ (Home) _____

Home Address: _____

Township: _____ Date of Birth: _____

Email Address: _____

NJ Drivers License: _____ Class: _____ Expiration: _____

Emergency Contact Information

First and Last Name: _____

Telephone Number: _____ Relationship: _____

Circle YES or NO to the Following Questions.

Do you have any medical conditions or allergies that may limit your duties? YES NO

Has your drivers license ever been suspended or revoked? YES NO

Have you ever been convicted of a crime? YES NO

Have you ever been a member of a volunteer fire department or rescue squad? YES NO

If you answered yes to any of the questions above elaborate below.

Check Off Training Completed:

<input type="checkbox"/> Firefighter 1	<input type="checkbox"/> Fire Police
<input type="checkbox"/> Firefighter 2	<input type="checkbox"/> Life Member SCFA
<input type="checkbox"/> Firefighter 3	<input type="checkbox"/> Pump Operations
<input type="checkbox"/> EMT	<input type="checkbox"/> Low Angle Rope Rescue
<input type="checkbox"/> Emergency Medical Responder	<input type="checkbox"/> Heavy Rescue
<input type="checkbox"/> Hazmat	<input type="checkbox"/> Member of Other Department
<input type="checkbox"/> Vehicle Extrication	<input type="checkbox"/> Other Certifications (Specify Below)
<input type="checkbox"/> Forest Fire Training	

List Any Other Certifications and Related Experience:

Reference Section

Give a reference you have from school or work.

First and Last Name:_____

Telephone Number:_____ Relationship:_____

Home Address:_____

Give a reference you have that is not a relative.

First and Last Name:_____

Telephone Number:_____ Relationship:_____

Home Address:_____

Give a professional reference; such as a boss or business owner.

First and Last Name:_____

Telephone Number:_____ Relationship:_____

Home Address:_____

I certify that all statements made on this application are correct and complete to the best of my knowledge. I understand that any false or misleading information given or the omission of information requested, shall be sufficient grounds for rejection of this application.

Signature of Applicant:_____

Fingerprint Authorization By Subject Of Request

I, _____ hereby authorize the New Jersey State Police and/or any authorized fingerprinting agency to obtain and process my fingerprints for the purpose of conducting a criminal history background check.

I understand that this fingerprint history is a requirement to become a member of Stillwater Area Volunteer Fire Company. I understand that this information will be used solely to determine my eligibility and will not be disclosed for any unauthorized purpose.

Signature of Applicant: _____

For Fire Department Use Only

Date: _____

Accepted Into YES NO

Department:

Date Sworn Into Department (if applicable): _____