





West Deptford Township
Station 6-2

 1415 Crown Point Rd
Westville, NJ 08093

 (856) 848-2926 - Business
 (856) 848-2436 - Fax

“REACHING HIGHER SINCE 1916”

Volunteer Membership Application

Information for Applicants

Application Questionnaire

Authorization for Release of Information

Beneficiary Designation Form

County & Local Accountability Form

N.J. State Fireman’s Association Application

West Deptford Township

Verga Fire Company does not discriminate against any applicant on the basis of race, color, religious creed, national origin, handicap, veteran status, gender or age. No question in this application is intended to secure information to be used for such discrimination.

Verga Fire Department
Volunteer Member Application

Information for Applicants

Requirements:

- Must have a current driver's license valid in the state of New Jersey (exceptions may apply)
- Must participate in Department Training, Meetings, Fundraisers, Bingo, Work Parties and other activities as described further in this packet. (exceptions fire contributing member)

Process:

- Submit a completed "Applicant Screening Checklist"
- Read and sign the "Authorization for Release of Information"
- After a review of your application, you may be invited for an interview with the Department Membership Committee
- The Department will investigate your character and work history by contacting your references and your past employers
- If after this process you are considered to be a suitable candidate for membership with the Department, you will be notified and advised when to report for the Department Meeting/
- After being recommended for membership, you will also be notified and requested to attend a meeting with the Chief
- In order to be able to run Fire Assignments with the Department, you will be required to obtain a physical and fit test (provided by West Deptford Twp.)
- You will be assigned a pager, and issued protective clothing if you intend to become a firefighter. Your appointment to the Department will be on a probationary basis for one year. With a 3-month, 6-month, and 1 year review.

Verga Fire Department
Volunteer Member Application

Expectations of New Members

Time commitment:

- Attend and participate in Department drills, usually Wednesday night
- Attend Department meetings, usually on Wednesday nights
- Attend extra probationary drills as required
- To become a firefighter, pass a Firefighter I course by the end of your first year
- Attend a minimum of 2 Bingo's every month
- Attend scheduled Work Parties as health and welfare permits

Duties and Responsibilities:

- Familiarize yourself with Department rules and regulations
- Familiarize yourself with the Department's Mission Statement, By-laws and SOG's
- Familiarize yourself with fire and rescue equipment and apparatus
- Conduct yourself in a professional manner in all encounters with the public, on or off duty
- Maintain yourself in good health and ready to respond to emergency calls
- Complete the requirements of the Department's Infection Control orientation and immunization programs before being eligible to respond to any calls. And any and all mandatory training.

Orientation and responding to calls:

- After your appointment has been approved by the Membership Committee and you have been issued a pager, you will be given a basic orientation in Department procedures for responding to calls. After this orientation and completion of the Infection Control program, you may begin to respond to "all department" calls and work to the limits of your training.
- You will be issued a "Probationary Member Handbook" that will assist you in becoming familiarized with Department Operations and expectations that will be placed on you as a Probationary Member.
- In order to ride on apparatus, you will be required to complete the New Member Apparatus Check-off Forms, which start with the Engine and work up to the Rescue. You will not be permitted to ride on apparatus that you have not yet been trained and signed off on.
- You will be assigned to an officer for guidance. This person will answer your questions and help you through the probationary period.
- If you qualify, you will be required to complete a driver training program and be checked off before being permitted to drive ambulances or fire apparatus.
- **You are expected to respond to "all department" calls: fires, motor vehicle accidents, searches, haz-mat incidents, water or ice rescues. You will be assigned to support duties consistent with your level of training and experience.**

Verga Fire Department
Volunteer Member Application

OFFICIAL USE ONLY: Membership Granted: YES / NO

Membership Type: ACTIVE CONTRIBUTING FIRE CONTRIBUTIN (Circle one)

Personal Information

Last Name	First Name	Middle Name	
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Street Address	City	State	Zip
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Mailing Address	City	State	Zip
-----------------	------	-------	-----

Home Phone	Work Phone	Cell Phone
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Email Address

Sponsoring Members:.....1 _____ 2 _____ 3 _____

Are you over 18? Y / N Are you authorized to work legally in the United States? Y / N

Are you able to attend Bingo on Monday nights (Active Contributing Members Only) Y / N If no why: _____

Are you able to attend drills (Active Member Only) and meetings on Wednesday nights Y / N If no why: _____

Education and Training

High school graduate? Y / N GED Y / N

Years of college? _____ Degree(s) and Subject(s) _____

EMT certified? Y / N State, level, and certificate number _____

Paramedic certified? Y / N State and certificate number _____

Firefighter I training? Y / N Certified? Y / N Where were you trained? _____

Firefighter II training? Y / N Certified? Y / N Where were you trained? _____

Please list any other fire or medical training you have taken, and any licenses or certificates you hold.
(Please list and attach copies of all certificates)

Volunteer Member Application

Employment

Present Employer _____ Your Supervisor _____

Address _____ City/State/Zip _____

Phone _____ Your Position _____

Employment History

1. Have you ever had your job terminated involuntarily? _____

Explain _____

When _____ Employer _____

2. Have you ever been asked to resign? _____

Explain _____

When _____ Employer _____

3. Have you ever left a job without giving notice? _____ How many time? _____

Explain _____

When? _____ Employer _____

4. Have you ever received disciplinary action from an employer resulting in a suspension, demotion, or loss of pay? _____ Explain _____

When _____ Employer _____

Verga Fire Department
Volunteer Member Application

Employment History, continued

List below the places you have worked before your current position, starting with the most recent.

Employer _____ Phone _____

Address _____

Employed from _____ to _____ Your supervisor _____

Your position _____ Reason for leaving _____

Employer _____ Phone _____

Address _____

Employed from _____ to _____ Your supervisor _____

Your position _____ Reason for leaving _____

Employer _____ Phone _____

Address _____

Employed from _____ to _____ Your supervisor _____

Your position _____ Reason for leaving _____

Employer _____ Phone _____

Address _____

Employed from _____ to _____ Your supervisor _____

Your position _____ Reason for leaving _____

Verga Fire Department
Volunteer Member Application

Military Service

1. Have you ever been a member of a military organization of the United States? _____
Branch: _____ Highest Rank _____
2. Have you ever applied for the military but not been selected for service? _____
Reason: _____
3. While in the military, have you ever been court-martialed, tried or charged, or the subject of any disciplinary action? _____ Explain: _____

Driver's License Information

State	License number	Class	Exp. Date
-------	----------------	-------	-----------

Driving History

- | | <u>Yes</u> | <u>No</u> |
|--|------------|-----------|
| 1. Have you ever at any time had your driver's license restricted? | ___ | ___ |
| Corrective lenses? | ___ | ___ |
| Alcohol use? | ___ | ___ |
| Work only? | ___ | ___ |
| Time of day? | ___ | ___ |
| Special vehicle equipment required? | ___ | ___ |
| Other _____ | ___ | ___ |
| 2. Have you ever had a driver's license revoked, suspended, or cancelled | ___ | ___ |
| When _____ Why _____ | | |

- | | <u>Yes</u> | <u>No</u> |
|--|------------|-----------|
| 3. As a driver, have you ever been involved in a motor vehicle accident? | ___ | ___ |

Date	Location		Reported?
_____	_____	___	___
_____	_____	___	___
_____	_____	___	___

Verga Fire Department
Volunteer Member Application

4. Has your auto insurance ever been revoked, refused, or non-renewed? Yes ___ No ___

Explain _____

5. Have you ever been involved in an accident which resulted in a fatality or serious injury? Yes _ No _

Court Records

1. Have you ever been convicted of any no-traffic criminal violations? Yes ___ No ___

Date	Charge	Investigating agency	Disposition
------	--------	----------------------	-------------

2. Have you ever been convicted of any traffic law violations? Yes ___ No ___

Date	Charge	Investigating agency	Disposition
------	--------	----------------------	-------------

3. Have you ever had a judgment entered against you as a defendant in any civil action? Yes ___ No ___

Date	Type of action	County/state of record	Disposition
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4. Have you ever been named as a respondent or petitioner in any court order? Yes ___ No ___

Date	Charge	Investigating agency	Disposition
------	--------	----------------------	-------------

Explain _____

Verga Fire Department
Volunteer Member Application

Job Requirements

1. The position of Firefighter requires the ability to receive and send verbal communications. Can you perform this job-related task?

Yes ___ No ___ Explain _____

2. The position of Firefighter requires the physical ability to protect the public, other Firefighter's, and yourself. Can you perform this job-related task?

Yes ___ No ___ Explain _____

3. The position of Firefighter requires the ability to safely drive fire apparatus to emergencies. Can you perform this job-related task?

Yes ___ No ___ Explain _____

4. The position of firefighter requires the ability to complete written reports. Can you perform this job-related task?

Yes ___ No ___ Explain _____

5. The position of Firefighter requires the ability to work in stressful, unfamiliar unpleasant, and/or dangerous situations. Can you perform, this job-related task?

Yes ___ No ___ Explain _____

Verga Fire Department
Volunteer Member Application

6. The position of Firefighter requires the ability to make sound decisions and provide physical assistance in emergency situation. Can you perform this job-related task?

Yes ___ No ___ Explain _____

7. The position of Firefighter requires the physical strength and stamina for standing, bending stooping, sitting, climbing, and lifting. Can you perform this job-related task?

Yes ___ No ___ Explain _____

References
(List three personal references. Do not include relatives or former employers)

Name _____ Occupation _____
Address _____
Home Phone _____ Work or Cell Phone _____

Name _____ Occupation _____
Address _____
Home Phone _____ Work or Cell Phone _____

Name _____ Occupation _____
Address _____
Home Phone _____ Work or Cell Phone _____

I certify that all of the statements by me in this application are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I understand that false information or omission of information from this application may be cause for rejection for membership or dismissal if appointed.

Signature Date

Verga Fire Department
Volunteer Member Application

Authorization for Release of Information

I, _____, born in _____, on _____
(print name)

Social Security number _____.

having filed an application for membership with the Verga Fire Department, West Deptford, New Jersey, consent to an investigation as to my moral, character, reputation, and fitness for the position to which I have applied and such information as may be received, reported to the appointing authority. I agree to give additional information which may be required in reference to my past record.

I also authorize and request every person, firm, company, corporation, governmental agency, court, association or institution having control of any documents, records and other information pertaining to me, to furnish to the Verga Fire Department any such information, including documents, records, files regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data, and to permit the Verga Fire Department or any of its agents or representatives to inspect and make copies of such documents, records and other information.

Further, I authorize any and all hospitals, clinics, doctors or others having control of any of my medical records and medical reports, including laboratory reports, x-rays, etc., to release them or copies of them to the Verga Fire Department.

I hereby release, discharge and exonerate the Verga Fire Department, its agents and representatives and any person so furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records, and other information or the investigations made by or on behalf of the Verga Fire Department.

This authorization shall continue unless and until revoked in writing by the undersigned.

A photocopy of this authorization form shall be valid as an original thereof, even though said photocopy does not contain an original writing of my signature.

Signature Date

Address

Witness

Date

Print name of witness

Computer Data Sheet

Name: _____ Cell Number _____

Address: _____ Email Address _____

City: _____ State: _____ Zip: _____

Badge/Cert Number: _____ FDID # _____ EMT Number# _____

SS#: _____ DOB: _____

Primary Physician: _____

Religion: _____

Medical History: _____

Medications: _____

Allergies: _____

Blood Type: _____

Notes: _____

Department: Verga Fire Department

Department Address: 1415 Crown Point Road, West Deptford, NJ 08093

Emergency Contact 1: _____

Relationship: _____

Address: _____

City: _____

Phone 1: _____

Work Phone 2: _____

Emergency Contact 2: _____

Relationship: _____

Address: _____

City: _____

Phone 1: _____

Work Phone 2: _____



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Brought into company on probation ____/____/____

Jr FF.....YES / NO

3 Month

Date: ____/____/____

6 Month

Date: ____/____/____

1 Year

Date: ____/____/____

Final Approval:

Chief of Department: _____

Department President: _____



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Membership Application Packet

Membership Application: _____ Date: _____

State Relief Application / Physical: _____ Date: _____

Department S.O.G.'s: _____ Date: _____

Department By-Laws: _____ Date: _____

Department Requirements: _____ Date: _____

Birth Certificate Copy: _____ Date: _____

Social Security Card Copy: _____ Date: _____

Drivers License Copy: _____ Date: _____

Requirements have been met member shall be placed in service:

President of Department: _____ Date: _____

Chief of Department: _____ Date: _____



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Official Use Only

Application Received:

Date: _____ By: _____

Elected to Department: _____

Previous Experience: _____

Transfer To/From: _____

Bad Standing: _____

Inactive: _____

Suspended: _____

Membership Terminated: _____

Miscellaneous: _____



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Issued Equipment for Firefighters

<u>Officer Initial</u>	<u>FF Initial</u>	<u>Equipment</u>	<u>Serial Number</u>	<u>Type and Size</u>
_____	_____	Key Fob	_____	_____
_____	_____	Pager / Charger	_____	_____
_____	_____	Turn out Coat	_____	_____
_____	_____	Turn out Pants	_____	_____
_____	_____	Helmet	_____	_____
_____	_____	Gloves	_____	_____
_____	_____	Boots	_____	_____
_____	_____	Hood	_____	_____
_____	_____	Air Mask	_____	_____
_____	_____	Air Mask Bag	_____	_____
_____	_____	Flash Light	_____	_____
_____	_____	Rope	_____	_____
_____	_____	Safety Glass	_____	_____
_____	_____	Leather Gloves	_____	_____
_____	_____	Accountability Tags	_____	_____
_____	_____	Gentor Belt	_____	_____
_____	_____	Safety Vest	_____	_____

By initialing this form you are stating that you received the Verga Fire Company Equipment. All equipment must be returned prior to leaving the Verga Fire Company. Any other equipment will be considered personal.

Members Name _____ Date Issued _____