



## WASHINGTON FIRE COMPANY NO. 1

1800 Burlington Avenue – P.O. Box 5021 – Delanco, New Jersey 08075

### *Application for Membership*

**Instructions:** Print all information clearly. If a question does not apply to you, answer 'N/A' (Not Applicable). All applications must be signed by applicant and notarized by a notary public before submitting.

1. Date of Application: \_\_\_\_/\_\_\_\_/\_\_\_\_
2. Name (First, Middle, Last): \_\_\_\_\_
3. Address: \_\_\_\_\_
4. Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_
5. Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_
6. Driver's License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_
7. List one (1) additional address, if your current address is less than three (3) years:  
\_\_\_\_\_
8. Have you ever applied for membership with the Washington Fire Company No. 1? If so, when:  
\_\_\_\_\_
9. Were you ever a member with any other volunteer/paid fire company? If so, list the name and address of the organization and dates you belonged: \_\_\_\_\_  
\_\_\_\_\_
10. Did you resign in good standing; were you terminated or asked to resign from membership? If so, explain:  
\_\_\_\_\_
11. List any relevant training or certificates in which you have received:  
\_\_\_\_\_
12. List two (2) references, not related, whom you have known at least three (3) years:  
Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
  
Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_
13. Employment; please list previous employer if less than three (3) years at current job:  
Business: \_\_\_\_\_ Position Held: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Dates: \_\_\_\_\_  
  
Business: \_\_\_\_\_ Position Held: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Dates: \_\_\_\_\_
14. Have you ever been discharged or asked to resign from employment? If so, explain: \_\_\_\_\_  
\_\_\_\_\_

15. Were you ever subjected to disciplinary action in connection with any employment? If so, explain: \_\_\_\_\_

16. Have you ever been arrested for or charged with a violation of disorderly persons act or any city ordinance? If so, explain: \_\_\_\_\_

17. Have you ever been arrested, indicted, or convicted for any violation of criminal law? If so, explain: \_\_\_\_\_

***It is understood that the Washington Fire Company No. 1, and/or its representative agents are authorized to obtain my Motor Vehicle Commission Driving Record at the time of this application and/or at any time thereafter during my membership.***

18. Has your license ever been suspended or revoked in the State of New Jersey or any other state? If so, explain: \_\_\_\_\_

19. Have you ever been involved in a motor vehicle accident, which resulted in any personal injury or property damage to you or anyone else? If so, explain: \_\_\_\_\_

20. The Washington Fire Company No. 1 has the right to random drug testing without any notification given to any member:

I,  **AGREE**                       **DO NOT AGREE**

21. In your own words, briefly tell us why you wish to become a volunteer with our organization: \_\_\_\_\_

***PLEASE READ CAREFULLY:*** I hereby certify that the above information is true and correct to the best of my knowledge. I understand that any misrepresentation in this application will be grounds for immediate disqualification or dissolution of my membership. I understand that by not filling out this application in its entirety, the application will be returned until such information is completed. In signing this application for membership, I hereby allow representatives from the ***Washington Fire Company No. 1*** and/or its representative agents to do an investigation check on my background, which could involve any law enforcement agency, Insurance Company, Motor Vehicle Commission, Personal References or any other agency in order to establish physical and technical ability and character fitness of the applicant.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Guardian (Applicant's Under 18 Years of Age)

State of New Jersey  
County of Burlington

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, \_\_\_\_\_ a Notary Public in and for said county, personally appeared \_\_\_\_\_, who has/have satisfactorily identified him/her/themselves as the signer to the above referenced document.

Notary Public Signature: \_\_\_\_\_ Affix Notary Stamp/Seal Here:

# **BACKGROUND CHECK AUTHORIZATION**

This section must be signed by applicant, a witness (whom is not related) and notarized before submitting.

- Date of Application: \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- Name (First, Middle, Last): \_\_\_\_\_
- Address: \_\_\_\_\_
- Date of Birth: \_\_\_\_\_ City/State of Birth: \_\_\_\_\_
- Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
- Drivers License #: \_\_\_\_\_ Issuing State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_
- List One (1) additional address, if your current address is less than three (3) years:  
\_\_\_\_\_
- Military Service?    Y / N    Discharge Date: \_\_\_\_\_

## **RELEASE AUTHORIZATION**

To all courts, probation departments, selective service boards, physicians, hospitals, employers, educational and other institutional agencies without exception.

I, \_\_\_\_\_ am making an application to the **Washington Fire Company No. 1**. As a result, an investigation is being conducted to determine my eligibility for membership/employment.

You are authorized to release to the **Washington Fire Company No. 1** or its representatives, and all information documentary or otherwise pertaining to the above applicant that they may request.

I hereby release, discharge and exonerate the **Washington Fire Company No. 1**, its agents or representatives and any person so furnishing information, from any liability of every nature and kind arising out of the furnishing, inspection, or collection of such documents, records, and other information or the investigation made by the **Washington Fire Company No. 1**.

A photocopy of this authorization will be considered as effective and valid as the original.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Name (Please Print): \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

State of New Jersey  
County of Burlington

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, \_\_\_\_\_ a Notary Public in and for said county, personally appeared \_\_\_\_\_, who has/have satisfactorily identified him/her/themselves as the signer or witness to the above referenced document.

Notary Public Signature: \_\_\_\_\_ Affix Notary Stamp/Seal Here: