

# UNION FIRE COMPANY & RESCUE SQUAD, INC. MEMBERSHIP APPLICATION

Voice: 609-737-1213  
FAX: 609-737-7775  
Website: www.ufcrs.org

## INSTRUCTIONS

1. You must complete all sections of this application.
2. Please print or type the required information
3. Applications without a signature will not be accepted.

Thank you for your interest in Union Fire Company and Rescue Squad. For this to be a mutually beneficial relationship, it's important for us both to discuss what our expectations are.

From the fire company's perspective, here's what we expect of our members:

## APPLICABLE TO ALL MEMBERS:

- Attend fire company monthly meetings – 1st Tuesday of each month at 7:00 pm
- Pay annual membership dues of \$2
- Participate in fund raising events such as the annual Easter Flower Sale and Pancake Breakfast
- Participate in community events such as the Halloween Party and Operation Santa
- Participate in periodic work details – for example keeping the interior and exterior of the fire house clean and maintained

## FIRE

- Obtain Fire Fighter 1 certification
- Attend weekly drills – Tuesdays at 7:30 pm
- Respond to 25 percentage of calls on a monthly basis

## EMS:

- Obtain EMT certification
- Attend weekly drills – Tuesdays at 7:30 pm
- Sign up for crew coverage at least on a monthly basis
- Respond to "25" percentage of calls on a monthly basis

## ADMINISTRATIVE:

- Participate in two committees, such as fundraising, pancake breakfast, and flower sale.
- Participate in 4 work details per calendar year, 3<sup>rd</sup> Tuesday of the month at 7 pm
- Attend 75 percent of monthly meetings

What are your objectives in becoming a member?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

What do you hope to achieve as a member?

1. \_\_\_\_\_

2. \_\_\_\_\_

For each new member that wants to participate in either providing Fire or EMS Service, you will be required to pass a comprehensive physical that the Hopewell Township Board of Fire Commissioners will pay for at no cost to you. This physical is a substantial investment that they will make in you as a potential member; in return we ask that you are able and willing to dedicate the time to make this type of commitment to the fire company and rescue squad. Your application will be reviewed and you will meet with an application review committee. The members of the company will then vote to approve or deny your application at a regular monthly meeting. If approved you will be considered a probationary member for 6 months, at which time your application and activity level will be reviewed.

The Union Fire Company and Rescue Squad is an Equal Opportunity organization. We do not discriminate on the basis of race, color, religion, national origin, age, gender, disability or any other status protected by law or regulation.

It is our intention that all qualified applicants are given equal opportunity and that selection decisions are based on membership and volunteer position factors. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon volunteer position information.

**POSITION**

Please mark the position(s) you are interested in providing volunteer service:

- Firefighter
- Rescue Squad
- Fire Police Officer
- Junior Firefighter (Age 14-17)
- Administrative

**PERSONAL INFORMATION**

|                             |  |
|-----------------------------|--|
| Full Name (First, MI, Last) | Social Security Number                           |
| Home Address                | Date of Birth                                    |
| Home City, State, Zip       | Birthplace                                       |
| Home Phone                  | Driver's License Number and State                |
| Cell Phone Pager Number     | Where are you currently Employed                 |
| E-mail Address              | How long have you lived at this current address? |

**IN CASE OF EMERGENCY, CONTACT:**

|                             |                           |
|-----------------------------|---------------------------|
| Full Name (First, MI, Last) | Relation                  |
| Address                     | Primary Phone<br>(    )   |
| City, State, Zip            | Secondary Phone<br>(    ) |

**YOUR EMPLOYEMENT**

|                  |                                |
|------------------|--------------------------------|
| Employer Name    | Phone                          |
| City, State, Zip | When do you work?              |
| Your Occupation  | How long have you worked here? |

**CRIMINAL HISTORY**

|  |
|--|
| Have you ever been convicted of a criminal offense? [   ] Yes [   ] No |
| In which state?  |
| Explain:   |

**DRIVERS LICENCSE**

|  |
|--|
| Has your driver's license ever been revoked or suspended? [   ] Yes [   ] No |
| In which state?  |
| Explain:   |

|  |
|--|
| How were you referred to this department?  |
| Are you presently or have you ever been a member of any fire, rescue, EMS or emergency services agency? [ ] Yes [ ] No |
| If Yes, what agency(s)?  |
| Are you a member of any other community service organization? [ ] Yes [ ] No   |
| If so, what organization(s)?   |

**MEDICAL HISTORY**

Do you have any medical conditions or physical limitations that should be considered? [ ] Yes [ ] No

Are you currently receiving any special medical treatment or medications? [ ] Yes [ ] No

If you answered yes, explain:

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**QUALIFICATIONS, SKILLS AND TRAINING**

List any fire, rescue, EMS and/or emergency management training, experience and certifications you currently hold. Include expiration dates and certifying state, department or agency. Please attach copies of your certifications to this application.

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Do you have or foresee any problems with heights, using self-contained breathing apparatus (SCBA) or possibly being confined to small places for lengthy periods of time? [ ] Yes [ ] No

If you answered yes, explain:

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Please list any additional education, skills, volunteer work, hobbies or other information you feel may be helpful in evaluating your application;

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**PERSONAL REFERENCES:** Please list three personal references and point of contact.

|      |              |         |
|------|--------------|---------|
| Name | Phone Number | Address |
| Name | Phone Number | Address |
| Name | Phone Number | Address |

**MEMBERSHIP RECOMMENDERS:** Please have three Union Fire Company and Rescue Squad members in Good Standing print and sign their names as recommending your application for membership. We the undersigned, recommend the above applicant be considered for membership in the Union Fire Company and Rescue Squad, Inc.

|              |           |      |
|--------------|-----------|------|
| Members Name | Signature | Date |
| Members Name | Signature | Date |
| Members Name | Signature | Date |

This statement must be signed. Please read each statement carefully before signing.  
I hereby certify that the information contained in this application is true, accurate and complete to the best of my knowledge. I authorize investigation of any or all statements contained in this application. I understand that any misrepresentations or falsifications of information provided may lead to withdrawal of opportunity or termination following membership. I release from all liability of responsibility all persons and organizations supplying information.

The Union Fire Company and Rescue Squad and/or any representative thereof is hereby authorized to make investigation of my driving record and criminal history background to be completed by the local police department as a condition of application.

I consent to the release of any or all medical information as may be deemed necessary to judge by capacity to do the work for which I am applying.

I agree that if my application for membership is accepted and approved, I will be held personally responsible for any and all department issued equipment and supplies. Further, I agree to return all department issued equipment and supplies upon leaving or being terminated from the department.

I understand that if my application is approved, there will be a six (6) month probationary period, and if my performance is not as expected by the department within that period, I may be discharged by the line officers of the department without recourse.

I understand that I will be required to attend a minimum of one (1) training per month and a minimum of 10% of dispatched incidents per quarter (if joining as a active responding member) as required by department standard operating guidelines. Also I will attend fundraising activities and other department functions that I am available for. If I fail to meet these obligations, I realize that my membership may be subject to disciplinary action, including suspension or termination.

I have read, understand and by my signature consent to these statements.

**PLEASE NOTE:**

If you are under 18 years of age and applying for consideration as a Junior Firefighter, parental consent in writing must be on file with the Department before your application will be accepted. We do not accept applications for Junior Firefighters from those under the age of 14 years of age. Also, any unsatisfactory grades or disciplinary record will result in an individual not being allowed to take part in Fire Department functions as we feel that your education must come first.

\_\_\_\_\_(Signature of Applicant) (Date)

\_\_\_\_\_  
(Printed Name of Applicant)

Do Not Write Below This Line

**APPROVAL / DISAPPROVAL**

Date Received \_\_\_\_\_

Application accepted on; \_\_\_\_\_, 20\_\_\_\_\_

Application rejected on; \_\_\_\_\_, 20\_\_\_\_\_.

Reason / Remarks:  
\_\_\_\_\_

# HOPEWELL TOWNSHIP FIRE DISTRICT No. 1

## RELEASE AUTHORIZATION

To all Courts, Probation Departments, Police Departments, Employers, and Educational Institutions.

I have authorized the Hopewell Township Fire District No. 1 to conduct a full investigation into my background activities.

Therefore, you are hereby authorized to release any information relating to convictions, my employment history or academic performance to an employee or agent of the Hopewell Township Fire District No. 1.

This authorization shall supersede and countermand any prior request or authorization. A photo static copy of this authorization will be considered as effective and valid as the original.

Dated \_\_\_\_\_

(Print Full Name) \_\_\_\_\_

\_\_\_\_\_(Legal Signature)

(Signature of Applicant)

Subscribed and Sworn to me before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_

\_\_\_\_\_

Notary Public State

Investigators Initials\_\_\_\_\_