

Application for Membership

**Indian Mills volunteer Fire Company
Indian Mills Fire/Rescue Brigade
Shamong EMS Brigade
48 Willow Grove Road
Shamong, NJ 08088**

The Indian Mills Volunteer Fire Company's primary purposes are to provide fire, rescue, and emergency medical service to the residents of Shamong Township and the surrounding mutual aid communities.

We welcome your application and interest in our organization. Within a short time you will become a highly trained member of a very exciting and interesting form of volunteer duty. From here you may go on to greater things, but none are nobler.

The application process consists of submitting an application that includes a physical examination, by your physician or ours; a questionnaire, that must be completely answered; a list of references, who will be contacted by mail; a photo copy of your current drivers license; and this must be accompanied by one dollar (\$1.00) application fee that is refundable if you are not accepted. This one-dollar will become your first year's dues if you are accepted. Along with the application, you should include all training certificates that are applicable to this type of duty.

Your complete application will be read at the first regular monthly meeting after it is presented to the membership committee. At that time an investigation will begin and letters will be sent to those person you have listed as references as required by the application. If all the information is received at least five days prior to the next regular meeting, your application will be voted upon and if passed, you will begin your one years probation. If the application is not complete it will be carried until the meeting when all materials and letters are received.

Before submitting your application, be sure that all questions are answered completely. Submit your application with the following:

1. Completed physical.
2. List of references,
3. Training certificates.
4. One-dollar application fee.
5. A photocopy of your NJ driver's license.

Meetings are held the first Thursday of each month at 8:00 PM at the firehouse. If you have any further questions regarding the application process for the Fire Brigade or Company call the firehouse at 268-1114. For an EMS application call 268-2665.

Just a note to pass along to you. Each Brigade has it's own requirement to become an active member. It is up to you to fully understand these rules so that at the end of your probationary period you will know why you ended up at the status that is voted to you. And later during your career, you will know why your status may change. Please take the time to have the respective brigade chief explain his/her requirements. The last thing we want to have happen is that you get upset and quit because of some rules that you have misunderstood.

Junior members have further requirements, which are stated here:

- Parental permission must be granted in writing to join
- Must maintain passing grades in school or you must have written permission for grades below passing.
- Junior members are not permitted to carry their pagers in school or on the school bus at any time.
- Junior members are not permitted to leave school to answer any calls.
- Junior members are not allowed to answer any calls after 10 PM on school nights.
- Junior members are only allowed in the building when accompanied by a senior active member or with permission of an officer.

SOP's for junior members pertaining to the specific Brigade they are joining will be provided by the Brigade Chief.

You are to keep the first three pages of this application for future references. Welcome, we know you will enjoy the experience!

Indian Mills Volunteer Fire Company

Application for Membership

(Please Print)

Name (First, Middle, Last) _____

Address: _____

Town: _____ State _____ Zip _____ +4 _____

Phone: () _____ Work Phone () _____

Date of Birth ___/___/___ Height _____ Weight _____ Hair _____ Eye _____

Social Security Number _____ - _____ - _____

Current Employer _____

Address _____

Drivers License Number _____ State _____

Have your driving privileges ever been suspended or revoked for any reason?

Have you ever been convicted of a crime? _____

Have you ever applied for membership in this or any other Fire Company or squad?

List all previous fire fighting or emergency medical experience:

Department	Address	Date	Rank
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I am applying for the following: () Fire fighter () Fire Police
() Emergency Medical Technician () Fire Company

General Education:

School	Address	Degree/Graduation
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Fire Fighting/Fire Police/Emergency Medical Training: _____

Additional Remarks: Include any other information that may be relevant. Also, give full details to any questions that you answered yes. Fill out on reverse side and list references on reverse side.

I authorize the Indian Mills Volunteer Fire Company to investigate the information I have provided. I further understand that any false answers made on this application will be the grounds for rejection or termination of membership.

Applicant's signature: _____ Date ___/___/___

Additional Remarks: Include any other information that may be relevant. Also give full details to any questions that you answered as yes:

Applicants Signature _____ Date _____

List Reference Persons: (Neighbor, Employer, Friend, Chief, Etc.) (Please Print)

1. _____

Address _____

Relationship _____

2. _____

Address _____

Relationship _____

3. _____

Address _____

Relationship _____

4. _____

Address _____

Relationship _____

PHYSICAL TEST RECORD

FOR APPLICATION TO THE
INDIAN MILLS VOLUNTEER FIRE COMPANY
TO BE COMPLETELY FILLED OUT BY A PRACTICING PHYSICIAN
IN THE STATE OF NEW JERSEY

FIRE/RESCUE BRIDAGE ___ EMERGENCY MEDICAL BRIGADE ___ FIRE POLICE ___
COMPANY _____

NAME _____
FIRST M.I. LAST

AGE _____ HEIGHT _____ FT _____ IN WEIGHT _____ LBS

EYESIGHT ____/____ HEARING _____ BLOOD PRESSURE ____/____

HAS THIS APPLICANT ANY APPARENT DISABILITIES IN:

HEART _____ LUNGS _____

JOINTS _____ VEINS _____

FEET & LEGS _____ HANDS AND ARMS _____

SPINE _____ HERNIA _____

HAS THIS APPLICANT EVER SUFFERED FROM DIZZY OR FAINTING SPELLS?
YES _____ NO _____

IF YES, PLEASE DESCRIBE _____

HAS THIS APPLICANT EVER SUFFERED FROM INJURY? YES ___ NO ____ . IF SO, When _____

DESCRIBE _____

HAS THIS APPLICANT HAD EXCESSIVE USE OF NARCOTICS, DRUGS OR ALCOHOL?
YES _____ MP _____

DESCRIBE _____

REMARKS _____

I UNDERSTAND THAT FIRE FIGHTERS HAVE A HIGHER LEVEL OF PHYSICAL EXERTION AND OPERATE IN HAZARDOUS CONDITIONS. I ALSO UNDERSTAND THAT EMTS OPERATE AT HIGHER LEVEL OF EXERTION AT TIMES, AND I UNDERSTAND THAT FIRE POLICE DUTIES REQUIRE A LESSOR DEGREE OF EXERTION AND COMPANY MEMBERS USUALLY ONLY HAVE OFFICE AND CLEANING DITUES. KNOWING THIS:

I HEARBY CERTIFY THAT AS A PRACTICING PHYSICIAN IN THE STATE OF NEW JESRY, THE APPLICANT IS FREE FROM ANY ACUTE OR CHRONIC DISEASE, HAS NO PHYSICAL DEFECTS, AND IS IN THE PHYSICAL SHAPE TO PERFORM THE DUTIES OF A

FIRE FIGHTER _____ EMS TECHNICIAN _____ FIRE PLICE _____ COMPANY _____

REJECTION IS BASED ON THE Following _____

DATE EXAMINED ____/____/____ PHYSICIAN SIGNATURE _____