

RUNNEMEDE FIRE DEPARTMENT



**FIRE / EMS
MEMBERSHIP APPLICATION**

RUNNEMEDE FIRE COMPANY, NO. 1
26 EAST 2ND AVENUE
RUNNEMEDE, NJ 08078
(856) 939-4390

AUTHORITY TO RELEASE INFORMATION

I hereby authorize release to the **Runnemedede Fire Company No. 1** Membership Committee any information from my military, employment, medical, State and Local Police, or any other records in order to determine my suitability as a Firefighter or EMS Member for this Organization, which includes but not limited to a criminal background check, active warrant check, driver license abstract and finger printing.

I further agree that in the event that I apply for Membership to another Fire or EMS Service, the **Runnemedede Fire Company, No. 1** has my permission to exchange information with that other Fire or EMS Service or their appointed agents.

I further release the **Runnemedede Fire Company No. 1** as the custodian of such records, from any liability or damages of whatever kind resulting at any time because of compliance with this authorization.

(Signature)

(Print Full Name)

(Current Address)

(Phone Number)

(Date)

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INSTRUCTION INFORMATION SHEET

The Runnemedede Fire Company No. 1 would like to thank you for applying to an organization dedicated to protecting life and property in the Borough of Runnemedede.

Enclosed is a New Member Application Packet. Please be sure to fill out all forms completely in order to process your application smoothly.

If you are under the age of 18, **DO NOT FILL OUT THE RELEASE FORM INCLUDED WITH THIS APPLICATION!!!**

Types of Membership:

Junior Firefighter or EMS

Ages 16 – 18 years old and residing in Runnemedede

Active Firefighter or EMS

Ages 18 – 40 years old and residing in Runnemedede

Contributing Member

Ages 30 and over, residing in Runnemedede

Ages 18 and over, **NOT** residing in Runnemedede

Associate Member

Full Time business persons with a place of business in Runnemedede

Any former member of the Runnemedede Fire Company No. 1 in good standing who no longer resides in Runnemedede.

Please indicate the type of Membership you are applying for: _____

If you have any questions filling out any part of this application, please feel free to contact the Fire Station, (856) 939-4390.

RUNNEMEDE FIRE COMPANY, NO. 1

APPLICATION FOR MEMBERSHIP

Date: _____

Name: _____
Last First Middle

Address: _____
House # and Street City State Zip

Social Security #: _____ - _____ - _____ Driver's License #: _____

Age: _____ Date of Birth: _____ Phone #: _____

Marital Status: Single _____ Married _____ Other _____ Are you a U.S. Citizen? Yes ___ No ___

List all previous addresses:

	House # and Street	City	State	Zip
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

EDUCATION / SPECIAL TRAINING

Schools Attended	Name	From	To	Major/Course
Elementary	_____	_____	_____	_____
Middle School	_____	_____	_____	_____
High School	_____	_____	_____	_____
College Vocational	_____	_____	_____	_____
Other	_____	_____	_____	_____

WORK HISTORY

Current Employer: _____

Work Address: _____

Work Phone: _____ Supervisor's Name: _____

Full Time _____ Part Time _____ Other _____ Years with this Employer: _____

Previous Employer: _____

Work Address: _____

Work Phone: _____ Supervisor's Name: _____

Full Time _____ Part Time _____ Other _____ Years with this Employer: _____

Previous Employer: _____

Work Address: _____

Work Phone: _____ Supervisor's Name: _____

Full Time _____ Part Time _____ Other _____ Years with this Employer: _____

PERSONAL BACKGROUND

Have you ever belonged to a fire company / department, first aid squad, rescue squad, or EMS organization? _____

If yes, give the name of the company, address, and dates of service:

Chief Officer's Name: _____ Station Phone #: _____

Reason for leaving: _____

List any New Jersey Division of Fire Safety Certifications, EMS Certifications, Fire Academy Courses, or other training you have attended: _____

As a member of the Runnemedede Fire Company No. 1, you will be required to attend a certified Firefighter I or NJ EMT-Basic course within one year of being accepted as an Active Member.

You will be required to obtain and pass a physical exam from your Doctor / Physician prior to applying for a Firefighter I course and be able to provide proper documentation of your ability to physically participate in this training

Are you willing and able to attend within one year? Yes _____ No _____

Do you have any mental or physical impairment(s) which may limit your ability to perform the duties of a Firefighter?

Yes _____ No _____ Explain: _____

Do you have any chronic ailments, handicaps, or infectious diseases?

Yes _____ No _____ Explain: _____

Do you have a valid New Jersey driver's license?

Yes _____ No _____ Explain: _____

List all accidents and/or points charged against your driver's license: _____

Has your driver's license ever been revoked or suspended?

Yes _____ No _____ Explain: _____

Have you ever been convicted of a crime?

Yes _____ No _____ Explain: _____

In case of emergency, please notify:

Name Phone Number

Address Relationship

MILITARY HISTORY

Have you ever served in the United States Military? Yes _____ No _____

If yes

Which Branch(es)? _____

Active _____ Reserves _____ Retired _____ Other _____

Dates of Service: _____ Highest Rank: _____

Type of Discharge: _____

Have you ever been Court Martialed? Yes _____ No _____

If Yes, Please provide details: _____

PERSONAL REFERENCES

Name: _____

Address: _____

Phone #: _____ Best time to call: _____ Years Known: _____

How do you know this person? _____

Name: _____

Address: _____

Phone #: _____ Best time to call: _____ Years Known: _____

How do you know this person? _____

Name: _____

Address: _____

Phone #: _____ Best time to call: _____ Years Known: _____

How do you know this person? _____

Name: _____

Address: _____

Phone #: _____ Best time to call: _____ Years Known: _____

How do you know this person? _____

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SIGNATURE FORM

I certify that the statements made by me on this membership application are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that if I have knowingly made a misstatement of these facts, I am subject to rejection and/or removal of the **Runnemedede Fire Company No. 1**. I further understand that if I knowingly made any false statement regarding my criminal history, I will be liable for any cost the **Runnemedede Fire Company No. 1** has accrued throughout my membership, such as but not limited to physicals, training classes, uniforms, and/or issued equipment. I also understand that should my membership be terminated for any reason, I am responsible to return any equipment or property as to which I have been issued, such as but not limited to uniforms, badges, personal protective equipment, pagers, radios, and/or keys immediately. I understand that failure to do so will result in legal and criminal actions taken against me.

(Signature)

(Print Full Name)

(Phone Number)

(Email Address)

(Date)

Fire Company Use Only Below This Line

Date Received: _____	Received by: _____
Date Contacted: _____	Result: _____
Date Contacted: _____	Result: _____
Date Contacted: _____	Result: _____
Final Action: Accepted _____ Denied _____ Delayed _____ Other _____	

What is the Fire Company?

The Runnemedede Fire Company No. 1 is the fraternal organization of the Runnemedede Fire Department. In order to be a member of the Runnemedede Fire Department, you must be a member in good standing of the Runnemedede Fire Company No. 1.

The Runnemedede Fire Company is a Non-Profit Corporation established with Officers serving in positions assigned in our corporate paperwork. These officers and our membership are governed by the Constitution and By-Laws set forth by the Fire Company.

As the Preamble states, the Fire Company is established to conduct business with all who are interested with activities in life saving interests.

Officers of the Fire Company are referred to as Executive Officers. They are as follows: President, Vice President, Recording Secretary, Financial Secretary, Treasurer, and Board of Trustees.

These Officers oversee the operations of the Fire Company, building, grounds, and finances. The Officers appoint committees from the general membership and review reports submitted by the committees. They cooperate with the Fire Department to ensure a continuity of general day-to-day activities.

Business Meetings of the Fire Company are held on the first Friday of each month in the Fire Company's Meeting & Training Room.

What is the Fire Department?

The Runnemedede Fire Department is a department of the Borough of Runnemedede charged with fire and emergency medical services to the residents and visitors of the Borough of Runnemedede.

Officers of the Fire Department are elected by the membership in good standing of the Runnemedede Fire Company. They consist of the Department Chief, Assistant Chief, Captain, and Lieutenant. The Chief can appoint officers as needed to assist in the operation of the Fire Department. They are referred to as Line Officers.

These officers oversee the operations of the Fire Department. They will perform duties as assigned by the Department Chief. They will conduct activities on emergency incidents as prescribed by the NJ Division of Fire Safety, NJ PEOSHA, and other national standards.

Line Officers report only to the Department Chief. They are guided by the By-Laws of the Runnemedede Fire Company.