



443A Route 94 Newton NJ 07860 ph: 973-383-9424 fx: 973 383-9293

Membership Application

(Completed membership application may be personally delivered or mailed to the Fredon Volunteer Fire Company Secretary at the address show above.)

Personal Information:

Name: _____

Address: _____

Home Phone#: _____

Mobile Phone#: _____

Email: _____

Address (if different in last two years): _____

Date of Birth: _____

Social Security#: _____

Drivers License#: _____

References:

Please provide 3 references (other than relatives or roomates) that can attest to your character or verify any statement made within this application:

Name: _____

Phone#: _____

Name: _____

Phone#: _____

Name: _____

Phone#: _____

Education/Employment History:

List your last two employers:

Name: _____

Address: _____

Business Phone#: _____

Name: _____

Address: _____

Business Phone#: _____

List any High School or College Experience:

FVFC Membership Committee Use Only:

Application #: _____

Date Received: _____

Receipt sent Date: _____

Driving/Criminal/Discipline History:

In the past 5 years, have you received any moving violations/tickets, been involved in any auto-related accidents or had your license suspended?

☐ No

☐ Yes, explain:

Have you ever been convicted of a crime other than a motor vehicle offense?

☐ No

☐ Yes, explain:

Have you ever been disciplined, suspended, removed or dismissed from a Fire, Rescue and/or EMS Service?

☐ No

☐ Yes, explain:

Medical History:

Physicians Name: _____

Phone: _____

Do you have allergies or outstanding medical, mental, emotional or physical limitations that effect your ability to perform the tasks appointed to you?

☐ No☐ Yes, explain: _____

Some tasks of the Fredon Volunteer Fire Company may involve strenuous activity.

_____ Initial here to give your consent to a doctor's physical examination, provided by the Fredon Volunteer Fire Company, at no cost to you.

Fire/Rescue/EMS Affiliations:

Are you currently, or have you ever been a member of a Fire, Rescue and/or EMS Service?

☐ No☐ Yes -- If yes, please list the company(s) name and contact(s) _____

Company: _____

Contact: _____

Phone#: _____

Company: _____

Contact: _____

Phone#: _____

Do you have any training/certifications related to Fire, Rescue and/or EMS?

☐ No☐ Yes -- If yes, please list the training and graduation dates. Attached additional pages if needed.

Course: _____

Date: _____

Course: _____

Date: _____

Course: _____

Date: _____

Course: _____

Date: _____

Course: _____

Date: _____

Course: _____

Date: _____

Course: _____

Date: _____

Note: Proof of completion must be provided to complete your training file.



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Criminal/Motor Vehicle Background Search Agreement

I understand as part of the membership review process and probationary period of the Fredon Volunteer Fire Company, routine criminal and motor vehicle background checks are made in order to preserve the integrity of the Company and ensure the safety and security of the lives and property entrusted to the Company.

I hereby agree to have a criminal and motor vehicle background search performed by an official representative of the Fredon Volunteer Fire Company. I also understand that the results of these searches may be needed to complete my membership review and can effect my membership or probationary status.

Social Security#: _____

Driver's License#: _____

Name (print): _____

Signature: _____

Date: _____

FVFC Membership Committee Use Only:

Criminal Record Search:

Search Request Date: _____

Results Received Date: _____

DMV Record Search:

Search Request Date: _____

Results Received Date: _____

FREDON VOLUNTEER FIRE COMPANY



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Membership Application

Statement of Intent

I hereby state that the information I have provided in my application for membership to the Fredon Volunteer Fire Company is true and correct to the best of my knowledge.

I understand that any misstatements or misrepresentations of myself or my credentials will be grounds for immediate review or dismissal by the membership committee.

If accepted for membership, I agree to abide by the Constitution, Bylaws and Guidelines set forth and promulgated by the Fredon Volunteer Fire Company.

Name (print): _____

Signature: _____

Date: _____

FVFC Membership Committee Use Only:

Date Application was Received: _____

Date Application was Reviewed: _____

Applicant Approved to Probationary Status: _____

Applicant Passed Over for Further Review: _____

Applicant Denied Membership: _____

