

EVESHAM FIRE-RESCUE



MEMBERSHIP APPLICATION

Evesham Fire-Rescue

Dear Applicant,

Thank you for applying for membership to Evesham Fire-Rescue.

The following steps have been established to assist you in the timely completion of a membership application.

1. Complete the Membership Application Form. Return to the Fire Administration Office (FAO), 984 Tuckerton Rd. Evesham, NJ. **Be sure to include your clothing sizes so that a proper uniform fit can be obtained.**
2. Sign and date the Authorization for Release of Information form. This form must be notarized (Notaries available at FAO). Return with the Membership Application form as explained above.
3. Your application will be checked for completeness and your name forwarded to the Recruit & Retention Officer. He/she will contact you to schedule your orientation. At this time the Department's participation requirements will be explained to you.
4. Upon returning the application to the Fire Administration Office you will be required to complete the NJ State Firemen's Association Form, and to bring that form to your physical.
5. In the interim, a Drivers License Check will be conducted to determine your eligibility with the Department and arrangements will be made with the Evesham Police Department to have you fingerprinted for a Criminal History Check.
6. Following your orientation and the results of both records checks, the Fire Administration Office will contact you to arrange a pre-placement physical examination, which includes drug screening.
7. Once you pass the doctor's physical, the Member Support Officer will contact you to schedule the appropriate agility test to be given at one of our stations.
8. Upon successful completion of the agility test, your application will be presented to the Board of Fire Commissioners for formal approval.
9. After the Board approves your application for membership, the Fire Administration Office or Member Support Officer will notify you and advise you of the date for your Recruit Indoctrination. At this time the Member Support Officer will complete the indoctrination process and issue the necessary uniform components, personal protective equipment and paging equipment to you.

Should you have any questions regarding this application process, please contact the Fire Administration Office at 983-2750, Ex t. 2017 Monday - Friday, 8:00AM to 4:00PM.

**EVESHAM FIRE-RESCUE
VOLUNTEER MEMBERSHIP APPLICATION**

Select Division of Choice

FIRE ()

EMS ()

NAME: _____
(Last) (First) (M.I.)

Date of Birth: _____

ADDRESS: _____

Home Phone: _____ Work Phone: _____ Ext. _____

Cell Phone: _____

How long have you been a Township resident? _____

If you have resided at this address for less than one year, please supply previous address:

SOCIAL SECURITY NO.: _____

DRIVERS LICENSE NO.: _____ Exp. _____

EMPLOYER: _____

EMPLOYER'S ADDRESS: _____

YOUR OCCUPATION: _____

Do you belong to any other community groups? () Yes () No

If yes, please give details: _____

PREVIOUS EMERGENCY SERVICES EXPERIENCE:

Do you have any previous firefighting or EMS experience? () Yes () No

If yes, where and for how long: _____

Do you have any specialized training and/or experience? () Yes () No

If yes, please describe: _____

If you are an EMT please provide a copy of your EMT certification.

If you are a certified firefighter please provide a copy of your firefighter certification.

Did you serve as an officer, if so what position(s)? _____

Did you achieve any specialized training/skills? If so please describe: _____

Were you qualified to operate apparatus or specialized tools? If so please describe: _____

Do you speak any foreign languages? If so please describe the language and to what level you speak and understand it. _____

Have you been inoculated for protection against Hepatitis "B" virus? _____

How did you learn about volunteer opportunities with Evesham Fire-Rescue; Recruitment Drive, Current Member, Advertisement? _____

*** Applicants with previous emergency services training and/or experience, please provide copies of any certifications you may hold.**

The information that I have supplied is both truthful and accurate to the best of my knowledge. I understand that willfully supplying inaccurate information may result in my application being rejected.

Date

Applicant's Signature

**EVESHAM FIRE-RESCUE
PERSONNEL DIRECTORY UPDATE**

This form must be filled out completely by the applicant.

Name: _____ Date: _____

Religion _____ Blood Type _____ Allergies _____

Medications _____

Physician _____ Phone _____

Special Medical Information _____

EMERGENCY CONTACTS:

If Case of Serious Injury

	Name	Relation	Address	Phone #	Type	✓
1 st Call						
2 nd Call						
3 rd Call						

Type = Home, Cell, pager, work, etc.

Please check last column if number is non-published

In Case of Death

	Name	Relation	Address	Phone #	Type	✓
1 st Call						
2 nd Call						
3 rd Call						

Type = Home, Cell, pager, work, etc.

Please check last column if number is non-published

UNIFORM SIZES

Shoes _____ T-Shirt/Sweatshirt (S, M, L etc.) _____

Pants: W _____ L _____ or Women's Size _____ Coat (Chest Size) _____

Long Sleeve shirt: Neck _____ Sleeve _____ or Women's Size (34, 36, etc)

Short Sleeve Shirt (S, M, L, etc.) _____

EVESHAM TOWNSHIP FIRE DISTRICT NO. 1
984 TUCKERTON RD.
EVESHAM, NEW JERSEY 08053

AUTHORIZATION FOR RELEASE OF INFORMATION

RE: NAME: _____

ADDRESS: _____

SOCIAL SECURITY # _____ DATE OF BIRTH: _____

DRIVER'S LICENSE # _____

To all law enforcement agencies, police departments, motor vehicle departments, probation departments, selective service boards, physicians, hospitals and other institutions and agencies without exception:

I, _____, am making application for appointment to or employment by the Evesham Fire-Rescue which is under the jurisdiction of Evesham Township Fire District No. 1. As part of that application an investigation is being conducted to determine my eligibility.

You are authorized and directed to release to Evesham Township Fire District No. 1, as well as its officer representatives, any information and documentation they may request.

If I am hired by the Fire District, this authorization shall be effective so long as I am a member of said Department, unless sooner revoked by me in writing; you may rely upon the written certification of the Fire Chief or other officer of the Department to the effect that this authorization is still in effect and of my continuing employment.

A photo static copy of this authorization will be considered as effective as the original.

Applicant's Signature _____

Signed and Sworn before me this: ___ day of : _____, 20__.

Signature of Notary Public

EVESHAM FIRE & RESCUE
Personnel Accountability Tag Data Form

This information is utilized to create a Personnel Accountability Tag on your behalf.

PERSONAL INFORMATION

First Name _____

Middle Name _____

Last Name _____

Address _____

Telephone # _____

DOB _____

Social Security # _____

Driver's License # _____

Height _____

Weight _____

Eye color _____

Hair Color _____

Primary Beneficiary _____

Religion _____

Title (circle) _____ Firefighter _____ EMT _____

MEDICAL INFORMATION

Past Medical History _____

Medication

Allergies

Blood type

Organ Donor

Yes/No

Physician's Name

Physician's Telephone

Physician's Address

EMERGENCY INFORMATION

Emergency Contact #1

Phone #

Emergency Contact #2

Phone #

Please list any individual you wish to accompany departmental personnel during emergency notifications. (Friend, relative, clergy, etc.)

Name

Address

Telephone #
