

SPRINGFIELD TOWNSHIP FIRE COMPANY

2193 Jacksonville Road
P.O. Box 58
Jobstown, New Jersey 08041

(609) 723-7444 FAX: (609) 723-3547

<http://springfieldfirecompany.org/>



Application for Membership

MEMBERSHIP APPLICATION

Thank you for your interest in becoming a member of the Springfield Township Fire Company. These instructions are provided as a guide to assist you in properly completing your Application for Membership. It is essential that the information be accurate in all respects. It will be used to determine your eligibility for Membership.

INSTRUCTIONS:

PLEASE READ INSTRUCTIONS CAREFULLY AND REVIEW ENTIRE APPLICATION PRIOR TO FILLING IT OUT

- All entries must be made in blue or black ink.
- All entries, except the signature, must be printed legibly.
- Answer every question – leave no blank spaces – if a question does not apply to you, state so by entering N/A (Not Applicable) or DNA (Does Not Apply). An incomplete application will not be considered and will be returned.
- Answer all questions accurately and to the best of your ability.
- You are responsible for obtaining correct contact information and addresses. If you are unsure of any information, check it by personal verification.
- Accurate and complete information will help expedite your investigation. Deliberate omissions, falsifications, incorrect or misleading information will result in rejection of application or expulsion after admission.
- If space available for answering any question is insufficient, use the continuation pages included and precede each answer with the question number being answered.
- A current physical examination is required for consideration of Active membership. Please have your doctor complete the Medical Exam form STFC 565 (attached).
- For those candidates with previous firefighting experience, provide copies of all training certifications and submit with this application.

Prior to submission:

A criminal background check is required by law. Make an appointment with the Springfield Township Police Department with form STFC 213 (attached). (Junior Member applicants are not responsible for this requirement)

Help is available for any questions you have about this application. Contact the membership committee at membership@springfieldfirecompany.org. Enter "STFC MEMBERSHIP" in the subject line.

Office Use Only

Date Received: _____ Received By: _____

TYPE OF MEMBERSHIP

Firefighter Junior Fire Police Contributory

PERSONAL INFORMATION

Please provide full given name:

LAST NAME		FIRST NAME		MIDDLE NAME
STREET ADDRESS		CITY	STATE	ZIP
DATE OF BIRTH	AGE	BIRTHPLACE	ARE YOU A UNITED STATES CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Social Security Number		Drivers License Number		State License Issued
HOME PHONE		CELL PHONE	WORK PHONE	
EMAIL ADDRESS				

In chronological order, provide addresses where you have lived during the past ten years beginning with your most recent address. Do not include your current address.

From Month / Year	To Month / Year	Address (Street, Apt., City, State and Zip Code)

EMERGENCY CONTACT INFORMATION

NAME	PHONE NUMBER
SECONDARY NUMBER	RELATIONSHIP

SOCIAL STATUS

1. List names of three friends/associates other than members of the Springfield Township Fire Company.

NAME	PHONE NUMBER
MAILING ADDRESS	EMAIL
NAME	PHONE NUMBER
MAILING ADDRESS	EMAIL

NAME	PHONE NUMBER
MAILING ADDRESS	EMAIL

2. List names of members of the Springfield Township Fire Company, who you are socially or personally acquainted with:

NAME	ADDRESS (if known)	SOCIAL/PERSONAL

EMERGENCY SERVICES EDUCATION

3. Have you previously attended any fire service or EMT courses? Yes ____ No ____

4. Do you hold any fire or EMT certifications? Yes ____ No ____

If yes, please make copies of all training certifications and submit with this application.

MILITARY SERVICE

5. Have you ever served in the Armed Services of the United States? Yes ____ No ____

If Yes, Branch of Service: _____

Dates of Service: _____ to _____ Rank Held: _____

Please provide a copy of DD 214 Discharge Papers.

EMPLOYMENT

6. Present Employer(s):

NAME/COMPANY	MAILING ADDRESS	PHONE NUMBER

7. Have you ever applied for membership with any other fire company or emergency organization? Yes ____ No ____

WHERE	WHEN	PRESENT STATUS

8. Have you ever been rejected, asked to resign or removed from any other fire company or emergency squad or other volunteer organization?

WHERE?	WHEN?	WHY?

9. If you are a current or former member of any other fire company or emergency squad, provide the following contact information.

DEPARTMENT	COMMANDING OFFICER	ADDRESS OF ORGANIZATION	PHONE #

ARRESTS, SUMMONSES, ETC.

10. Have you ever been arrested for a violation for a disorderly persons act or City/Township ordinance? Yes ____ No ____ If yes, provide information below.

DATE	VIOLATION	LOCATION	COURT DISPOSITION	AGE AT THE TIME	POLICE AGENCY

11. Have you ever been convicted for any violation of the criminal law? Yes ____ No ____ If yes, provide information below.

DATE	VIOLATION	LOCATION	COURT DISPOSITION	AGE AT THE TIME	POLICE AGENCY

MOTOR VEHICLE HISTORY

12. Have you ever received a summons for violation of the Motor Vehicle Laws in this or any other state? (Exclude non-moving violations) Yes ____ No ____ If yes, provide information below.

DATE	VIOLATION	LOCATION	COURT DISPOSITION	AGE AT THE TIME	POLICE AGENCY

All Applicants

Please review your application before submission. Make sure every question is answered – leave no blank spaces. If a question does not apply to you, state so by entering N/A (Not Applicable) or DNA (Does Not Apply). An incomplete application will not be considered and will be returned.

Prior to submission, remove form STFC 213 (attached) and proceed to the Springfield Township Police Department, as instructed, to be fingerprinted for a criminal background check. (Junior Member applicants are not responsible for this requirement)

A current physical examination is required for consideration of active membership. Medical Exam form STFC 565 (attached) must be completed by your personal physician at your expense.

For those candidates with previous firefighting experience, make copies of all training certifications and submit them with this application. Return this completed application and additional documents, in-person, to a Membership Committee member listed on the bottom of this page or via mail to the following address:

Springfield Township Fire Company
Membership Committee
P.O. Box 58
Jobstown, NJ 08041

When your application is received, the Membership Committee contact with you.

All new members shall serve a probationary period of six months. Successful completion of the medical exam and a satisfactory criminal history report are requirements for consideration of Active membership.

Junior Member Applicants: You are required to submit a completed application along with a completed, signed Jr. Member Permission / Release form (attached) and have at least one parent/guardian interviewed. Medical Exam form STFC 565 (attached) must be completed by your personal physician prior to acceptance into the Springfield Township Fire Company.

Fire Police Applicants: Requirements for Fire Police are the same as those for Active Members.

Contributing Member Applicants: A medical exam is not required for membership, but suggested.

READ THE FOLLOWING STATEMENT CAREFULLY BEFORE SIGNING

I certify that the statements contained in this application are true and complete to the best of my knowledge and understand that inaccurate or falsified statements on this application shall be grounds for rejection and/or immediate dismissal from the Springfield Township Fire Company. I authorize an investigation of all statements contained herein and the employer and references listed above to give you/us any and all pertinent information they may have, personal or otherwise, and release all parties from liability for any damage that may result from furnishing such information.

I hereby authorize the Springfield Township Fire Company to investigate the validity of my driver's license and to conduct a criminal background investigation to determine my eligibility to serve in the Springfield Township Fire Company. I understand that if accepted as a probationary member I must respect and follow Company By-laws, Standard Operating Guidelines and all requirements before final approval for membership; failure to do so will be grounds for immediate dismissal.

Date: _____

Signature of Applicant – (Sign in Ink)

(Print Name)

SPRINGFIELD TOWNSHIP FIRE COMPANY

" Volunteer - Incorporated 1942 "

P.O. Box 58 * 2193 Jacksonville Jobstown Road
Jobstown, New Jersey 08041

Phone: 609-723-7444
Chief: 609-209-1197
FAX: 609-723-3547

STFC 213

Springfield2130@comcast.net

Fingerprint / Background Check Information

Dear Applicant:

Please contact the Springfield Township Police Department at (609)723-5100 located at 2159 Jacksonville-Jobstown Road, Jobstown N.J., (behind the Municipal Building) to make an appointment for fingerprinting. (Junior Member applicants are not required to be fingerprinted.)

Complete the appointment information in the space below and take this form with you to your appointment for validation. Once you have had your fingerprints taken, attach this form to your Application for Membership and submit it to the Springfield Township Fire Company Membership Committee as indicated on the front cover of your application. Thank you.

Date of Appointment: _____ Time of Appointment: _____

Applicants Name: _____
(Please print)

D.O.B.: ____/____/____ Age: ____

STPD

Dear Springfield Township Fire Company,

The above applicant has had his/her fingerprints taken for a criminal background check today, the ____ day of _____, 20____. Once processed, the Membership Committee will be contacted with findings.

Processing Officer: _____

Form:

STFC 213

Springfield Township Fire Company

Permission-Release / Junior Membership

Junior members are between the ages of 14 and 17 years of age. Junior's must complete the application supplied by the company *and* have written permission/authorization from their parent(s) / guardian(s).

The Company shall provide that no Junior member shall be required to perform duties that would expose him/her to the same degree of hazard as an adult member of the fire company may have. Junior members *do have* requirements they must meet to continue their membership on the company.

These Requirements are strictly enforced.

- Parental permission must be granted in writing to join.
- No Junior members will miss or leave school to attend a fire call or company activity.
- Junior members are not permitted to carry their company issued pager in school or on the bus at anytime.
- No Junior members will respond to a fire call after 10:00 p.m. previous to a school day.
- Passing grades in school should be maintained.
- Any Junior member under the age of sixteen (16) will be permitted to respond to the firehouse for a fire call and receive credit for that call and **will not** be permitted to the fire scene until the officer in charge places the fire under control.
- Any Junior member age sixteen (16) and over will be permitted to respond to the firehouse for a fire call and receive credit for that call and **will be** permitted to respond on the fire apparatus (availability of seating) to the fire scene but will remain at the apparatus with the operator of the vehicle or until the officer in charge directs otherwise.
- Junior members are only allowed in the firehouse when accompanied by a senior member.

PARENTAL PERMISSION / RELEASE FORM

I/we, the undersigned, father and/or mother or guardian(s) of _____, minor, do hereby give my/our permission to my son/daughter to join the Springfield Township Fire Company and to participate in the duties, activities, meetings, responsibilities, and training. I have read the above requirements and responsibilities and further know upon acceptance into the Springfield Township Fire Company, my son/daughter will receive and review a copy of the Constitution and By-Laws and follow the rules and regulations set forth. Non-compliance of such rules and requirements will result in disciplinary actions and or/termination of membership.

I/we have carefully read the foregoing permission / release form and know the contents thereof, and hereby give permission for my/our son/daughter to join the Springfield Township Fire Company Junior Membership program.

Today's Date: _____

Parent/Guardian Signature: _____
Signature - (Sign in Ink)

(Print Name)

Parent/Guardian Signature: _____
Signature - (Sign in Ink)

(Print Name)