## FRANKLIN TOWNSHIP FIRE DISTRICT NO. 1 MEMBERSHIP APPLICATION

nereby apply to be an active member of the (check one)
□ Elizabeth Ave Volunteer Fire Company
□ Middlebush Volunteer Fire Department
□ Millstone Valley Fire Department
□ Somerset Volunteer Fire & Rescue Co. No.1
accepted as a member of one of the above Fire Companies, I agree to abide by the rules, gulations and standards of that Company/Department and Franklin Twp. Fire District No 1.
agree to submit to a physical examination and to have a fit for duty report sent to the Franklin vp. Fire District No. 1 office.
agree to submit to a Police background check. <b>Not applicable for Junior Firemen's</b> uxiliary (Upon reaching the age of 18 years a background check is mandatory).
nior Firemen's Auxiliary Applicants must complete attached "Junior Firemen's Auxiliary ermission Form"
agree that the answers to the questions in the attached application are true to the best of my lowledge and that any false statement or answer may result in the application being denied.
oplicant's signature Date
int name
none (H) (C) (W)
mail

## **MEMBERSHIP APPLICATION (Please print)**

Name of Fire Company applying to	0	
Applicant's Name	Date	
Address		
SS # Date of Birth		
Contact Numbers:		
(H)(C) _	(W)	
Occupation		
Employers Name		
Address		
Drivers license #	State	
Have you ever been or are you cu If yes, give name of Organization	and contact. If former member give reason for leaving.  Yes	No
Other then a parking violation, have	ve you ever been convicted of a traffic violation or a crime? Yes	No
If yes, explain		
Has your license ever been revoke	ed or suspended? Yes No	
If yes, explain		
Have you ever been convicted of a	a felony? Yes No	
If yes, explain	<u>.</u>	
How did you find out about the org	ganization? Member Friend Sign	
Web Site Other (specify) _		
In case of emergency please notif	<u>·y:</u>	
Name		
Phone	Relationship	

## **MEMBERSHIP APPLICATION**

Other then family members, list the names, addresses, phone numbers and relationship of three personal references.

1		Phone	
Address			
Relationship	· · · · · · · · · · · · · · · · · · ·		
2			
Address			
Relationship			
3		Phone	
Address			
Relationship			
Applicant's Signature		Date _	
	Aŗ	pproved & Accepted By:	
President	Signature	Print	Date
Chief Officer _	Signature	Print	 Date
Trustee	Signature	Print	Date
Membership	Signature	Print	Date

## FRANKLIN TOWNSHIP FIRE DISTRICT NO. 1 JUNIOR FIREMEN'S AUXILIARY PARENTAL/LEGAL GUARDIAN PERMISSION FORM

In accordance with NJ State Statute 40A:14-96, I am the legal guardian of		
	and hereby give my permission for her/him to	
Print Name of Applicant		
be a member of the Junior Firemen's Auxiliary	in Fire District No. 1.	
Signature of Parent/Legal Guardian		
Print Parent/Legal Guardian		
Sworn to and subscribed before me this	day of, 20	
Signature of Notary Public (affix seal here)		
Approved & Accepted by:		
Chief (Print)	Fire Dept./Company	
Chief (Signature)		