

**MULLICA TOWNSHIP
FIRE DEPARTMENT MEMBERSHIP REQUIREMENTS**

WARNING:

A falsification or misrepresentation of any material fact constitutes a Misdemeanor. In addition, such conduct shall be cause for rejection of application and also removal of applicant from the eligible list.

1. Applicant must be at least 18 years of age and a U.S. citizen or legal resident. (Junior Members are handled internally by each individual Fire Company.)
2. For safety purposes, applicant must be able to speak and understand the English language due to the job requiring efficient communication.
3. Applicant must reside within four (4) miles of the fire district in which they are applying.
4. Medial Examination: Applicants will be required to pass a thorough medical examination from a licensed physician. Any medical or physical condition or defect which would prevent efficient performance of the duties of this position and/or cause the applicant to be a hazard to himself/herself or others as a result of the performance of those duties will be cause for rejection. Specific Physical Qualifications: Normal function of limbs, hands and feet.
5. Authorization of Driver's Abstracts must be completed. Due to the possibility of operating Mullica Township Fire Department's apparatus, a driver's abstract must be obtained which permits future random abstracts.
6. Applicant will be under a one-year probation period after being accepted for membership. (Attendance, participation and performance of duties will be evaluated.)
7. Applicant will be required to attend recommended training (Firefighter I, etc.) and pass within one (1) year of the probation period (if required).
8. The Volunteer Fire Company takes no responsibility for any possible accident or injury to candidates during the course of this examination.
9. Application will be reviewed by the Membership Committee of said Company.
10. Application may be filed by personal delivery to the Fire Company or sending them in the mail to:

Elwood Volunteer Fire Co. Post Office Box 223 Elwood, NJ 08217	Sweetwater Volunteer Fire Co. 4769 Pleasant Mills Road Sweetwater, NJ 08037
Nesco Volunteer Fire Co. 3521 Nesco Road Nesco, NJ 08037	Weekstown Volunteer Fire Co. 5920 Pleasant Mills Road Weekstown, NJ 08215
11. Membership Committee will submit Application with all approvals to Applicant (i.e., Fire Department Signed-Off Approval, physical, consent of driver's abstract,). Applicant will submit Application to Township Clerk. Application placed on Township Committee Agenda for approval at Township Committee Meeting. (Must be received at least seven (7) days prior to meeting date.) Township Clerk will make arrangements for Background Investigation. If applicant meets all requirements, they will be accepted as a probationary member pending receipt of the criminal background check.
12. Full Criminal Background Investigation must be performed. If you have been convicted of a serious crime you are not eligible for membership. Convictions for lesser offenses will not necessarily disqualify you for membership, but will be dealt with at the option of the Membership Committee. Frequently volunteer firefighters work with local and State police on crime scenes and other emergencies, as well as, enter private homes and businesses and interact with citizens of all ages; therefore, trust is needed.

10/2013

TOWNSHIP OF MULLICA FIRE DEPARTMENT MEMBERSHIP APPLICATION

Elwood
Fire Company

Nesco
Fire Company

Sweetwater
Fire Company

Weekstown
Fire Company

Please Print Clearly in Ink

Full Name:	Birth Place:	Birth Date:
Full Address:	E-mail Address:	Social Security Number:
Home Phone:	Work Phone:	Cell Phone:
Occupation:	Employed By:	How Long?
NJ Drivers License #:	Is License Current? Yes No	Marital Status:
Have you ever been a Firefighter? Yes No	Have you ever received training in: First Aid Yes No CPR Yes No Defibrillator Yes No	Is your certification current? First Aid Yes No CPR Yes No Defibrillator Yes No
Are you current a Paid Firefighter? Yes No If yes, name of Municipality:		
If previously a firefighter, list departments, dates of membership and reason for leaving.		
If previously firefighter, list training courses completed.		
Are you currently a member of the NJ Firemen's Association Yes No If yes, line No. _____ ____ No, but I wish to be a member of NJ Firemen's Assoc.	Are you or have you been a member of other related organizations that may be at interest, e.g., rescue/ambulance squad Yes No If yes, explain.	
Have you ever been convicted of a moving motor vehicle violation in this state or any other state? Yes No	If yes, provide details.	
Do you have any pending motor vehicle charges in this state or any other state? Yes No	If yes, provide details.	

Have you ever been indicated or convicted of a criminal offense that has not been expunged or sealed in this state or any other state? Yes No	If yes, provide details.
Do you have any pending criminal charges in this state or any other state? Yes No	If yes, provide details.
Do you have any existing physical/medical or other conditions which may restrict your ability to perform the duties of an active firefighter? (i.e., inhalation/asthma, physical exertion, back problems, etc.) Yes No	If yes, explain.
Do you suffer from any psychiatric disorder that would make it difficult to fulfill the duties of an emergency responder? (i.e., fear of close spaces, fear of accidents, fear of heights) Yes No	If yes, explain.
Have you ever been treated for alcohol abuse? Yes No	Have you ever been treated for drug abuse? Yes No
Level of education completed:	Provide name and state of institution.

List three (3) references. References may NOT be relatives

Name	Address	Phone
Name	Address	Phone
Name	Address	Phone

Briefly state the reason(s) you wish to be a volunteer firefighter.

PLEASE READ CAREFULLY

I certify that I have answered all questions truthfully and in good faith. I will submit to a physical exam and other evaluations as required by the State of New Jersey. If accepted into membership, I agree to comply with the company by-laws; the Standard Operating Procedures/Guidelines of the Fire Company and Mullica Township Fire Department; and the ordinances, rules and regulations as established by Mullica Township. I agree to complete all required training and to actively participate in fire company activities (meetings, drills, work calls, fundraising, etc.) to the best of my ability.

Signature: _____ Date: _____

Applicant's Name:

FIRE COMPANY USE ONLY

Physical Obtained: _____ Eligible Physically to Become a Member Confirmed: Yes No

Date of Interview by Membership Committee: _____

Fire Department Committee Members Names: _____

Evaluation of Tests: _____

Remarks / Recommendations: _____

Date of Admission: _____

Waiting List Number Assigned: _____

Documents Provided to New Member:

Company By-Laws New Jersey Firemen's Association Application/Physical Exam
 Respiratory Protection Questionnaire Firefighter I Dates / Information

Photocopies Provided by New Member:

Valid New Jersey Driver's License First Aid, CPR Cards, as applicable Other Training Certs. as applicable

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TOWNSHIP USE ONLY

Date Application Received: _____

Date Fingerprint Findings Reported To Township Clerk from Police Department: _____

Date Approved at Regularly Scheduled Township Committee Meeting: _____

Input Member into computer system: _____

Date Forwarded to Fire Company: _____ Copy to Applicant and Fire Chief: _____

Kimberly Johnson, Township Clerk

NJ Firemen's Association Application: _____

Approval of NJ Firemen's Association Membership at Regularly Scheduled Township Committee Meeting: _____

NJ Firemen's Application Forwarded to State: _____

MULLICA TOWNSHIP FIRE DEPARTMENT

A Department of the Following Companies:

~ Elwood ~ Nesco ~ Sweetwater ~ Weekstown ~

I, _____, authorize Mullica Township to obtain my Driver's License Abstract. The possibility of me operating Mullica Township Fire Department's Apparatus makes this relative to me becoming a Mullica Township Volunteer Firefighter. Periodically thru my membership with the Fire Department random abstracts may be obtained.

Name: _____

Address: _____

Numbers of years residing at above address: _____

Previous Address: _____

Driver's License Number: _____ Age: _____ Date of Birth: _____
(Please provide photocopy of license)

Social Security Number: _____

Telephone Number: _____ home _____ cell

Printed Name: _____

Applicant's Signature

Date

Township of Mullica: P.O. Box 317, Elwood, NJ 08217 ~

Telephone (609) 561-0064 ~ Fax (609) 561-3031

www.mullicatownship.org

MULLICA TOWNSHIP FIRE DEPARTMENT

PHYSICAL TEST RECORD

(Completed only if relief association medical evaluation not performed)

Name: _____

Fire Department: _____

Age: _____ years

Height: _____ feet _____ inches

Weight: _____ lbs.

Hair Color: _____

Eye Color: _____

Complexion: _____

Normal Eyesight: _____

Normal Hearing: _____

Has the applicant ever suffered from an injury? _____

If so, what and when _____

Has the applicant ever had any dizzy or fainting spells? _____

Physician's Remarks: _____

I hereby certify that as a participating physician in the State of New Jersey, the applicant is physically fit to become a firefighter.

Examined at: _____

Printed Name of Physician: _____

Date: _____

Signature of Physician: _____