



PEMBERTON TOWNSHIP VOLUNTEER EMERGENCY SERVICES
APPLICATION FOR MEMBERSHIP

ORGANIZATION: _____

PRINT OR TYPE ALL ITEMS, ALL SPACES MUST BE COMPLETED

APPLICATION FOR: ___ FIREFIGHTER___ JR. FIREFIGHTER ___ AUXILIARY___ CONTRIBUTING

NAME: _____ DATE: _____
PRINT NAME AS IT APPEARS ON DRIVER'S LICENSE (MAIDEN NAME)

HOME ADDRESS: _____

PREVIOUS ADDRESS: _____
IF LESS THAN 3 YEARS AT CURRENT ADDRESS

DATE OF BIRTH: ___/___/___ PHONE # (___) ___-___
RESIDENT SINCE: ___/___/___ SS#: ___-___-___

DL#: _____ STATE: _____

OCCUPATION: _____ EMPLOYER: _____

IN CASE OF EMERGENCY, NOTIFY: _____ PHONE#: _____

PREVIOUS MEMBER IN ANOTHER COMPANY? ___ YES ___ NO _____
FORMER COMPANY

CURRENT MEMBERSHIP IN ANOTHER COMPANY? ___ YES ___ NO _____
COMPANY NAME

ANY CRIMINAL CONVICTIONS? ___ YES ___ NO IN NEW JERSEY? ___ YES ___ NO

AGE: _____ HEIGHT: _____ WEIGHT: _____ HAIR: _____ EYES: _____ BLOOD TYPE: _____

FIREFIGHTER APPLICANTS ONLY COMPLETE THE FOLLOWING

TRAINING/EXPERIENCE: (PROVIDE CERTIFICATES IF AVAILABLE)

WERE YOU IN THE NJ RELIEF ASSOCIATION? ___ YES ___ NO
IF YES: IN QUOTA: ___ YES ___ NO LINE#: _____ TIME: _____ ASSOC: _____

RECORDS CHECK AUTHORIZATION

NOTE: ALL APPLICANTS BY VIRTUE OF THEIR SIGNATURE, AGREE AND PERMIT A CHECK OF RECORDS OF FORMER FIRE COMPANY, POLICE, STATE AND /OR FEDERAL AGENCY FILES. FALSE STATEMENTS AND/OR DEROGATORY INFORMATION ARE CAUSE FOR DISMISSAL. APPLICANTS FOR FIREFIGHTER MUST HAVE A PHYSICIANS CERTIFICATE OF FITNESS FOR DUTY PRIOR TO ACCEPTANCE AS A FIREFIGHTER.

SIGNATURE: _____

FOR COMPANY USE ONLY
APPROVAL OF MEMBERSHIP COMMITTEE: _____ DATE: _____

RECORDS CHECK:
REMARKS: _____

FOR TOWNSHIP USE ONLY
APPROVED BY TOWNSHIP CLERK: _____ DATE: _____
MARY ANN YOUNG, CMC, TOWNSHIP CLERK

PHYSICAL TEST RECORD

TO BE COMPLETED BY A PRACTICING PHYSICIAN IN THE STATE OF NEW JERSEY

(PRINT OR TYPE ALL INFORMATION)

APPLICANT NAME: _____

AGE: _____ HEIGHT: _____ FT. _____ IN. WEIGHT: _____ LBS. EYESIGHT: _____ HEARING: _____ BP: _____

HAS APPLICANT ANY APPARENT DISABILITIES IN:

HEART: _____ LUNGS _____

JOINTS : _____ VEINS: _____

FEET AND LEGS: _____ HANDS AND ARMS: _____

SPINE: _____ HERNIA: _____

HAS APPLICANT EVER SUFFERED FROM DIZZY OR FAINTING SPELLS? YES NO

IF YES, DESCRIBE: _____

HAS APPLICANT EVER SUFFERED FROM INJURY: YES NO

IF YES, DESCRIBE: _____

EXCESSIVE USE OF NARCOTICS, DRUGS OR ALCOHOL? YES NO

IF YES, DESCRIBE: _____

REMARKS:

I HEREBY CERTIFY THAT AS A PRACTICING PHYSICIAN IN THE STATE OF NEW JERSEY, THE APPLICANT IS FREE FROM ANY ACUTE OR CHRONIC DISEASE AND HAS NO PHYSICAL DEFECTS.

REJECTION IS BASED ON THE FOLLOWING:

DATE EXAMINED: _____

EXAMINED AT: _____

COMPLETE ADDRESS OF OFFICE

SIGNATURE OF PHYSICIAN