

**APPLICATION FOR MEMBERSHIP
Roosevelt Volunteer Fire Company 41-1**

Date ___/___/___

**Post Office Box 490
Roosevelt, NJ 08555**

Please Print legibly...

Name: _____ Email _____

Municipal Approval

Address: _____

Clerk _____

Telephone Number: Home _____ Work _____ Cell _____

Chief _____

Date of Birth: ___/___/___ Social Security Number: ___-___-_____

Date ___/___/___

Place of Employment: _____

Personal Doctor's Name: _____ Phone: _____

Medical Insurance Company: _____

Level of Physical Health: (circle one) Excellent Good Fair Poor

Do you possess a valid New Jersey drivers license? YES ___ NO ___ Class _____

Do you live outside a 5 mile radius of the Borough of Roosevelt? YES ___ NO ___

Have you ever been convicted of any criminal offense? YES ___ NO ___ If so when and what? _____ use backside.

List any previous training or experience you have in fire fighting to include city, county, state, federal or private company.

Level of Emergency Medical Training you have received.

___ First Responder ___ E.M.T. ___ I.E.M.T ___ PARAMEDIC Other (list) _____

******* NOTICE OF DISCLOSURE *******

I understand that I will be responsible for all items of gear and equipment assigned to me, for loss, theft or misuse of said gear/equipment. I further understand that all gear/equipment is to be used only for authorized Department functions and training purposes in the service of the Borough of Roosevelt. It is also understood that should I be dismissed or resign from the Fire Department for any reason, I will immediately return any and all assigned gear/equipment to my senior officer or Department Chief.

Signed: _____ Date: _____

Equipment Assigned to Member (initial) ___ Station Key # ___ ___ Pager s/n _____ ___ Charger

___ Helmet/Face Shield ___ Nomex Hood ___ Turn-out Coat ___ Turn-out Pants ___ Suspenders

___ Boots ___ Gloves ___ Personal Alert ___ Flashlight

Any falsification, omission, misrepresentation, or deception will result in immediate removal from consideration.

I understand that all questions answered are true and correct to the best of my knowledge.

Applicant Signature: _____ Date: _____ Assigned # _____

******* Internal Use Only *******

Review Roosevelt Volunteer Fire Company APPROVAL ___ DISAPPROVED ___ Why _____

