

EVESHAM FIRE-RESCUE



MEMBERSHIP APPLICATION

Revision - 04/2015

Evesham Fire-Rescue Volunteer Membership Application

Dear Applicant,

Thank you for applying for membership to Evesham Fire-Rescue.

The following steps have been established to assist you in the timely completion of a membership application.

1. Complete the Membership Application Form. Return to the Fire Administration Office (FAO), 984 Tuckerton Rd. Evesham, NJ. **Be sure to include your clothing sizes so that a proper uniform fit can be obtained.**
2. Sign and date the Authorization for Release of Information form. This form must be notarized (Notaries available at FAO). Return with the Membership Application form as explained above.
3. Your application will be checked for completeness and your name forwarded to the Recruit & Retention Officer. He/she will contact you to schedule your orientation. At this time the Department's participation requirements will be explained to you.
4. Upon returning the application to the Fire Administration Office you will be required to complete the NJ State Firemen's Association Form, and to bring that form to your physical.
5. In the interim, a Drivers License Check will be conducted to determine your eligibility with the Department and arrangements will be made with the Evesham Police Department to have you fingerprinted for a Criminal History Check.
6. Following your orientation and the results of both records checks, the Fire Administration Office will contact you to arrange a pre-placement physical examination, which includes drug screening.
7. Once you pass the doctor's physical, the Member Support Officer will contact you to schedule the appropriate agility test to be given at one of our stations.
8. Upon successful completion of the agility test, your application will be presented to the Board of Fire Commissioners for formal approval.
9. After the Board approves your application for membership, the Fire Administration Office or Member Support Officer will notify you and advise you of the date for your Recruit Indoctrination. At this time the Member Support Officer will complete the indoctrination process and issue the necessary uniform components, personal protective equipment and paging equipment to you.

Should you have any questions regarding this application process, please contact the Fire Administration Office at 983-2750, Ex t. 2017 Monday - Friday, 8:00AM to 4:00PM.

Basic Expectations of a Volunteer Member of Evesham Fire-Rescue

Dear Prospective Member,

Welcome and thank you for your interest in becoming a volunteer with Evesham Fire-Rescue. We are a combination career and volunteer department whose mission is “To Provide Quality Fire and Emergency Medical Services” to the 50,000 residents of Evesham Township. This mission is accomplished through the dedication and hard work of the select group of residents who sacrifice their time and energy to protect, help and serve their neighbors. While volunteering with Evesham Fire-Rescue may provide some of the most fun, challenging, and rewarding experiences of your life, the commitment you are making is not one to be taken lightly. While your fellow volunteers will be depending on you to pull your weight as part of the team, the citizens of the township will be depending on you to protect and save their lives. Evesham Fire-Rescue is excited at the prospect of having you join and become part of our family, but only ask that you are sure of your commitment to fulfill the expectations of volunteer member.

Expectations of a Firefighter

- Be at least 18 years old and a resident of the Township of Evesham.
- Must satisfactorily complete a medical examination as performed by the Fire Department physician including drug testing
- Possess a valid New Jersey State driver’s license and maintain a good driving record
- Have not been convicted of a crime
- Conform to the Department’s uniform policy. This includes appearing neat and well groomed at all times, with hair maintained to an appropriate length (safety) and no offensive tattoos visible. Dangling earrings, tongue piercings, visible body jewelry and bracelets are not permitted to be worn while volunteering due to safety concerns
- Dedicate the minimum required amount of time to remain as an active member in good standing as defined in departmental SOPs. Estimation of monthly commitment is below :

Activity	Hours
2 Duty Crew shifts per month (6 PM to 10 PM))	8
Training Nights (Monday nights starting at 7 PM)*	6
Company/Department Meeting (First Monday of month)*	3
Respond to 30% of calls from home(per month)**	25
Minimum Number of Hours Per Month	37

* - Training and Meetings may overlap with a duty night

** - Estimate based on an average of 1 hour per call. % estimated from 2010 statistics

- Attend a 160 hour Firefighter 1 Certification class. Class will run 2 nights per week, 4 hours per night for one full college semester. (Aug.- Dec. or Jan.-May) Alternative classes are offered every other weekend for 8 hours per day
- Perform the job functions of a firefighter in a professional and responsible manner that reflects positively on the department and the township alike. This includes calls, trainings, and at all times a member is in uniform

Expectations of an Emergency Medical Technician

- Be at least 18 years old and a resident of the Township of Evesham
- Must satisfactorily complete a medical examination as performed by the Fire Department physician including drug testing
- Possess a valid New Jersey State driver's license and maintain a good driving record
- Have not been convicted of a crime
- Conform to the Department's uniform policy. This includes appearing neat and well groomed at all times, with hair maintained to an appropriate length (safety) and no offensive tattoos visible. Dangling earrings, tongue piercings, visible body jewelry and bracelets are not permitted to be worn while volunteering due to safety concerns
- Dedicate the minimum required amount of time to remain as an active member in good standing as defined in departmental SOPs. Estimation of monthly commitment is below :

Activity	Hours
Duty Crews per month (4 and 8 hour shifts)	16
Training Nights (Third Monday of the month - 7 PM)*	4
Company/Department Meeting (First Monday of month)*	3
Respond to 30% of calls from home(per month)*	25
Minimum Number of Hours Per Month	48

* - Training and Meetings may overlap with a duty night

** - Estimate based on an average of 1 hour per call. % estimated from 2010 statistics

- Attend a 170 hour Emergency Medical Technician - Basic class. Class will run 2 nights per week, 4 hours per night for one full college semester. (Aug.- Dec. or Jan.- May) Class will include some Saturdays as well
- Perform the job functions of an EMT in a professional and responsible manner that reflects positively on the department and the township alike. This includes calls, trainings, and at all times a member is in uniform

While becoming a volunteer member with Evesham Fire-Rescue can be a large time commitment, the rewards of serving the community where you live are plentiful. However, please remember becoming a volunteer requires a considerable investment of the tax-payers money for your medical examination, turnout gear, equipment, etc. If you are confident decision to commit to the time and hard work required, the department is excited to make that investment in you and help you learn the skills needed to succeed in this field. The last thing anyone wants is to see you fail to have the time or lose interest, and end up letting down your fellow members or the citizens of the township by quitting. However, if you are not truly committed, or unsure of your decision, Evesham Fire-Rescue would urge you to take some time and fully evaluate the decision to join the department. Any questions or guidance you need in making the decision can be directed to the contact below.

Recruitment and Retention Officer:

Contact the Fire Administration Office
856-983-2750

**EVESHAM FIRE-RESCUE
VOLUNTEER MEMBERSHIP APPLICATION**

Select ONE Division of Choice: FIRE () EMS ()

NAME: _____ Date of Birth: _____
 (Last) (First) (M.I.)

ADDRESS: _____

Home Phone: _____ Work Phone: _____ Ext. _____

Cell Phone: _____

How long have you been a Township resident? _____
If you have resided at this address for less than one year, please supply previous address:

SOCIAL SECURITY NO.: _____

DRIVERS LICENSE NO.: _____ Exp. _____

EMPLOYER: _____

EMPLOYER'S ADDRESS: _____

YOUR OCCUPATION: _____

Do you belong to any other community groups? () Yes () No
If yes, please give details: _____

Are you currently certified in Cardio Pulmonary Resuscitation (CPR)? () Yes () No
(If yes, Provide copy of CPR card)

PREVIOUS EMERGENCY SERVICES EXPERIENCE:
Do you have any previous firefighting or EMS experience? () Yes () No
If yes, where and for how long: _____

Do you have any specialized training and/or experience? () Yes () No
If yes, please describe: _____

**** If you are an EMT please provide a copy of your Basic EMT certification.

**** If you are a certified firefighter please provide a copy of you Firefighter 1 certification.

Did you serve as an officer, if so what position(s)? _____

Did you achieve any specialized training/skills? If so please describe: _____

Were you qualified to operate apparatus or specialized tools? If so please describe: _____

Do you speak any foreign languages? If so please describe the language and to what level you speak and understand it. _____

Have you been inoculated for protection against Hepatitis "B" virus? _____

How did you learn about volunteer opportunities with Evesham Fire-Rescue; Recruitment Drive, Current Member, Advertisement? _____

****** Applicants with previous emergency services training and/or experience, please provide copies of any certifications you may hold. Ex – (FF 1, EMT, CPR, Incident Command I-100, I-200, I-700, etc)**

The information that I have supplied is both truthful and accurate to the best of my knowledge. I have provided copies of any training records where copies are requested in the application. I understand that willfully supplying inaccurate information may result in my application being rejected.

Evesham Fire-Rescue reserves the right to contact other Fire-EMS agencies listed as past experience to verify prior membership and certifications. Evesham Fire-Rescue does not permit its volunteer members to actively volunteer in other Fire-EMS organizations.

Date

Applicant's Signature

**EVESHAM FIRE-RESCUE
PERSONNEL DIRECTORY UPDATE**

This form must be filled out completely by the applicant.

Name: _____ Date: _____

Religion _____ Blood Type _____ Allergies _____

Medications _____

Physician _____ Phone _____

Special Medical Information _____

EMERGENCY CONTACTS:

If Case of Serious Injury

	Name	Relation	Address	Phone #	Type	✓
1 st Call						
2 nd Call						
3 rd Call						

Type = Home, Cell, pager, work, etc.

Please check last column if number is non-published

In Case of Death

	Name	Relation	Address	Phone #	Type	✓
1 st Call						
2 nd Call						
3 rd Call						

Type = Home, Cell, pager, work, etc.

Please check last column if number is non-published

UNIFORM SIZES

Shoes _____ T-Shirt/Sweatshirt (S, M, L etc.) _____

Pants: W ___ L ___ or Women's Size _____ Coat (Chest Size) _____

Long Sleeve shirt: Neck _____ Sleeve or Women's Size (34, 36, etc)

Short Sleeve Shirt (S, M, L, etc.) _____

**EVESHAM TOWNSHIP FIRE DISTRICT NO. 1
984 TUCKERTON RD.
EVESHAM, NEW JERSEY 08053**

AUTHORIZATION FOR RELEASE OF INFORMATION

RE: NAME: _____

ADDRESS: _____

SOCIAL SECURITY # _____ DATE OF BIRTH: _____

DRIVER'S LICENSE # _____

To all law enforcement agencies, police departments, motor vehicle departments, probation departments, selective service boards, physicians, hospitals and other institutions and agencies without exception:

I, _____, am making application for appointment to or employment by the Evesham Fire-Rescue which is under the jurisdiction of Evesham Township Fire District No. 1. As part of that application an investigation is being conducted to determine my eligibility.

You are authorized and directed to release to Evesham Township Fire District No. 1, as well as its officer representatives, any information and documentation they may request.

If I am hired by the Fire District, this authorization shall be effective so long as I am a member of said Department, unless sooner revoked by me in writing; you may rely upon the written certification of the Fire Chief or other officer of the Department to the effect that this authorization is still in effect and of my continuing employment.

A photo static copy of this authorization will be considered as effective as the original.

Applicant's Signature _____

Signed and Sworn before me this: _____ day of : _____, 20 _____.

Signature of Notary Public

**EVESHAM FIRE & RESCUE
Personnel Accountability Tag Data Form**

This information is utilized to create a Personnel Accountability Tag on your behalf.

PERSONAL INFORMATION

First Name _____

Middle Name _____

Last Name _____

Address _____

Telephone # _____

DOB _____

Social Security # _____

Driver's License # _____

Height _____

Weight _____

Eye color _____

Hair Color _____

Primary Beneficiary _____

Religion _____

Title (circle) Firefighter EMT

MEDICAL INFORMATION

Past Medical History _____

Medication _____

Allergies _____

Blood type _____

Organ Donor Yes/No

Physician's Name _____

Physician's Telephone _____

Physician's Address _____

EMERGENCY INFORMATION

Emergency Contact #1 _____

Phone # _____

Emergency Contact #2 _____

Phone # _____

Please list any individual you wish to accompany departmental personnel during emergency notifications. (Friend, relative, clergy, etc.)

Name _____

Address _____

Telephone # _____