

EMERGENCY: 911



BUSINESS: (609) 927-6611

Linwood Volunteer Fire Company No. 1

750 LINCOLN AVENUE

LINWOOD, N.J. 08221

APPLICATION FOR MEMBERSHIP

PLEASE FILL OUT THIS APPLICATION IN ITS ENTIRETY TO THE LINWOOD VOLUNTEER FIRE COMPANY. FALSIFICATION OR MISREPRESENTATION OF ANY MATERIAL FACT CONSTITUTES A MISDEMEANOR AND IN ADDITION, SUCH CONDUCT SHALL BE CAUSE FOR REJECTION OF THIS APPLICATION AND REMOVAL FROM THE APPLICANT FROM ANY FURTHER APPLICATION WITH THIS COMPANY.

PERSONAL INFORMATION

NAME: _____ SS#: _____

ADDRESS: _____

TELEPHONE NUMBER: _____ DATE OF BIRTH: _____ BLOOD TYPE: _____

EMAIL ADDRESS: _____

PREVIOUS ADDRESS: _____

DATES: FROM: _____ TO: _____

PREVIOUS ADDRESS: _____

DATES: FROM: _____ TO: _____

HEIGHT: _____ WEIGHT: _____ EYE COLOR: _____ HAIR COLOR: _____

MARITAL STATUS: _____ NO. OF CHILDREN: _____

DRIVERS LICENSE #: _____ STATE: _____

Is your drivers license currently suspended/revoked?: _____

If yes, explain: _____

ARE YOU ADDICTED TO: DRUGS: _____ ALCOHOL: _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME OR DISORDERLY PERSONS OFFENSE: _____

If yes, explain (offense, date, location, disposition): _____

EMPLOYMENT INFORMATION

EMPLOYER: _____ FROM: _____ TO: _____

ADDRESS: _____

JOB FUNCTION: _____ TELEPHONE NUMBER: _____
May we contact your employer? Yes / No

PREVIOUS EMPLOYER: _____ FROM: _____ TO: _____

ADDRESS: _____

JOB FUNCTION: _____ TELEPHONE NUMBER: _____
May we contact this previous employer? Yes / No

PREVIOUS EMPLOYER: _____ FROM: _____ TO: _____

ADDRESS: _____

JOB FUNCTION: _____ TELEPHONE NUMBER: _____
May we contact this previous employer? Yes / No

EDUCATION

Highest level achieved: HIGH SCHOOL / GED: _____ SOME COLLEGE: _____ COLLEGE: _____

INSTITUTION: _____ DEGREE: _____

MILITARY SERVICE

BRANCH: _____ RANK: _____

DATES: _____ - _____ TYPE OF DISCHARGE: _____

CERTIFICATIONS / FIREFIGHTER / FIRST AID EXPERIENCE

CIRCLE IF APPLICABLE: FF-1 FF-2 NJ FF ID # _____ EMT PARAMEDIC OTHER: EXPLAIN _____

FIRE DEPT NAME: _____ DATES: _____

FIRE DEPT NAME: _____ DATES: _____

WHY DO YOU WANT TO JOIN THE LINWOOD VOL. FIRE CO?: _____

SIGNATURE OF APPLICANT: _____ **DATE:** _____

FOR MEMBERSHIP COMMITTEE USE

APPROVED: _____

DISAPPROVED: _____ Explain: _____

NOTES: _____

Membership Committee:

DATE: _____

IF ACCEPTED PLEASE REMEMBER TO OBTAIN CELL CARRIER FOR ROVER MOBILE PURPOSES

Physical Examination

(Please type or print)

Name _____ Birth Date _____
Last First Middle

Height _____ Weight _____ % Body Fat (optional) _____ Pulse _____ BP _____ / _____

Vision R 20/ _____ L 20/ _____ Corrected: Y N Pupils: Equal _____ Unequal _____

Normal Abnormal Findings Initials

MEDICAL

Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			

MUSCULOSKELETAL

Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

*Station-based examination only

Clearance

- Cleared
- Cleared after completing evaluation/rehabilitation for: _____

- Not cleared for: _____ Reason: _____
 Recommendations: _____

I certify that I have on this date examined this person and that, on the basis of the examination requested by the Fire Department and the individual's medical history as furnished to me, I have found no reason which would make it medically inadvisable for this person to be involved in strenuous physical activities (Note exceptions above).

Physician's Name and Address (stamp or print)
 If the Physician's Assistant (P.A.) or Advanced Nurse Practitioner (A.N.P.) performed the exam, name and address of collaborating physician or physician group

Examiner's Signature Date

Examiner's Telephone Number

NOTE: MUST BE COMPLETED PRIOR TO SUBMISSION OF APPLICATION