

MEMBERSHIP APPLICATION



This packet is to be completed and returned to the Franklin Fire Company on or before the regular meeting on the third Monday of the month at 7:30PM.

Applicants must be present at the time their application is presented to the Franklin Fire Company and also when their membership is voted on.

Applications are presented at the regular meeting of the Franklin Fire Company on the third Monday of the month at 7:30PM and membership is voted upon at the next regular meeting after a successful background check.

All sections must be completed. Any incomplete applications will be discarded

Franklin Fire Company No 1

Chief
Herbert DuBell Jr.

3135 Route 206, Suite 4
Columbus NJ 08022
Phone: (609)298-5325
Fax: (609)298-8429
www.mansfieldfire.com

President
Sean Gable

Job Description

Company Active

Company Active Members must be able to meet the physical requirements of Firefighting and Fire Police activities and maintain annual state and departmental requirements. Reports to and functions as directed by the Chief of the Department or designee.

The Company Active Volunteer Firefighter/Fire Police:

- Maintains core values in moral and ethical decision making.
- Maintains emergency operational readiness. Is appropriately prepared to respond.
- Understands emergency operational execution while complying with SOGs and directives.
- Completes tasks and assignments, at an appropriate level, as directed by a ranking officer.
- Maintain emergency situational awareness such as an appropriate response and use of resources with consideration of surroundings.
- Communicate, cooperate, and collaborate with others.
- Promote a positive and professional public image.
- Responds to alarms of fire or other emergencies.
- Reports to company officer for instructions.
- Performs such other duties in line of rescue as required.
- Assumes certain responsibility for servicing and maintenance of fire equipment, fire station and grounds.
- When assigned by an officer, will appropriately and safely operate equipment.
- Applies leadership where and when appropriate.
- Shall be engaged in preventing, controlling, extinguishing fires, and shall give aid in the saving of lives.
- Shall follow the operating standards, policies, and practices as prescribed by the Chief of the Department.
- Must be of good moral character and of temperate and industrious habits.

Date: _____

Member: (print) _____

Chief: (signature) _____

Signature indicates member has met the minimum qualifications of this description.

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Membership Information

Personal Information

Last Name: _____ First Name: _____ Middle Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Date of Birth: ____/____/____ Gender: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Email Address: _____
Social Security Number: _____

Drivers License Number: _____ State: _____

Is your driving privilege in this state or any other state revoked/suspended? () Yes () No

– If yes, give details: _____

Have you ever received a Motor Vehicle Summons? () Yes () No – If yes, give details

Have you ever been arrested? () Yes () No – If yes, give details

Marital Status: _____ Dependents: _____

Primary Beneficiary: _____

Current Employer: _____

Employer's Address: _____

Employer's Phone Number: _____ Occupation: _____

Immediate Supervisor's Name: _____

Department Information

Do you belong to any other community organizations? () Yes () No- If yes, give details

Do you have any previous firefighting experience? () Yes () No – If yes, give details

NJ Firefighter ID Number: _____

Other Station: _____ Date of Hire: _____ Title: _____

Chief's Contact Information: _____

Other Station: _____ Date of Hire: _____ Title: _____

Chief's Contact Information: _____

Do you currently have any other certifications that may be of importance to the fire department (ie. EMT/Haz Mat Tech/Rescue Tech/CPR etc.) () Yes () No – If yes, give details

Do you know any members of this organization? () Yes () No – If yes, give details

REFERENCES

Please list (2) two references not related to you that will vouch for your character.

Reference (name, address, phone) _____

Reference (name, address, phone) _____

This information that I have supplied is both accurate and truthful to the best of my knowledge. I understand that if I willfully supply inaccurate information on this application I am subject to dismissal or rejection from the Franklin Fire Company No. 1. I understand that a Criminal Background check must be completed prior to my acceptance into the Company. I further more agree to act in accordance with the Department rules and regulations, the laws of the State of New Jersey, and United States of America.

Signature: _____ Date: _____

Background Check. () no record () needs review

Date ____/____/____ MTPD # _____

Submitted to Clerk ____/____/____ Twp. Committee Approval ____/____/____

Data Entered ____/____/____

Emergency Information

Primary Physician: _____

Address: _____ Phone Number: _____

Medical History: _____

Blood Pressure: ____/____ Blood Type: _____ Pulse Rate: _____

Medications: _____

Allergies: _____

Family or friends you would like the department to contact.

Please list in the order you want them contacted. If needed, provide additional names.

NOTE: If the contact is a minor child, please indicate the name of the adult to contact.

1st Emergency Contact: _____ Relationship: _____

Home Address: _____

Phone: _____ Email Address: _____

Their Work Contact Information

Name of Employer: _____

Address: _____

Phone: _____ Normal Work Hours: _____

Their Special Circumstances - such as health conditions or need for interpreter

2nd Emergency Contact: _____ Relationship: _____

Home Address: _____

Phone Number: _____ Email Address: _____

Their Work Contact Information

Name of Employer: _____

Address: _____

Phone: _____ Normal Work Hours: _____

Their Special Circumstances - such as health conditions or need for interpreter

3rd Emergency Contact: _____ Relationship: _____

Home Address: _____

Phone Number: _____ Email Address: _____

Their Work Contact Information

Name of Employer: _____

Address: _____

Phone: _____ Normal Work Hours: _____

Their Special Circumstances - such as health conditions or need for interpreter

Name of Person(s) NOT TO CONTACT
Relationship

List the names and birth dates of all your children	
Name:	DOB:
Name:	DOB:
Name:	DOB:

List the department member(s) you want to accompany a chief fire officer to make the notification in case of a LODD.
Name:
Name:

List anyone else you want to help make the notification (for example, your minister)	
Name:	
Relationship:	
Home Contact Information	
Address:	
Phone:	
Work Contact Information	
Name of Employer:	
Address:	
Phone:	Normal Work Hours:

OPTIONAL INFORMATION

Make sure someone close to you knows this information.

Religious Preferences
Religion:
Place of Worship:
Address:

Funeral Preferences
Are you a veteran of the U.S. Armed Services? Yes No
If you are entitled to a military funeral, do you wish to have one? Yes No
Do you wish to have a fire service funeral? Yes No
Please list your memberships in the fire service, and religious or community organizations that may provide assistance to your family:
1.
2.
3.
4.
Do you have a will? Yes No <i>If yes, where is it located, or who should be contacted?</i>
Are you a designated organ donor? Yes No <i>If yes, coordination with a medical examiner may be required.</i>

List all life insurance policies you have
<u>Company</u> <u>Policy Number</u> <u>Location of Policy</u>
1.
2.
3.
Is all the information current? (beneficiary names, contact info, etc.) Yes, No <i>This information may determine who gets Federal benefits.</i>

Special Requests

Member Signature

Date

PARENTAL CONSENT AND RELEASE FORM

Franklin Fire Co. No. 1

Mansfield Township

Junior Volunteer Firefighter/ Explorer

(Minor)

My child, _____, has my permission to be a Junior Firefighter with the Franklin Fire Co No 1.Volunteer Fire Department. I give my consent to allow

_____ to be a Junior Firefighter and do not hold the Franklin Fire Co No 1.other first responders or the Township of Mansfield responsible for any actions caused by my child that is not under the direction of a Line Officer. I also understand that rescue and firefighting activities are inherently dangerous. On behalf of _____, I assume the risk.

I and my child understand that Junior Firefighters serve as supporters of Franklin Fire Company firefighters to learn the basics of firefighting and to prepare to become a full member at the age of 18. I and my child understand that Junior Firefighters are to follow all instructions from members of the department and that the general standard of conduct is to act in the manner of a professional. I and my child understand that they are expected to be courteous and respectful of other members and to all citizens as they are representing the Franklin Fire Company.

Junior Firefighter Signature and Date

Phone Number

Parent/Guardian Signature and Date

Phone Number

Franklin Fire Company Member Issued Equipment Checklist

Name _____

(initial & date)

_____ Application completed, Hep B
_____ Relief Association Application
_____ Member info entered in computer system ___ First Due, ___ Fire Rescue 1 Academy
_____ Copy of driver's license in file
_____ Pass tags issued
_____ ID card issued
_____ Key fob issued
_____ Active Alert subscription
_____ Pager SN _____
_____ LOSAP Application

P.P.E.

_____ Helmet SN _____
_____ Gloves Structural x2 Size _____ Utility Gloves Size _____
_____ Nomex Hood
_____ Safety glasses x2
_____ 30' rope ___ 12' webbing loop
_____ Jacket SN _____
_____ Pants SN _____
_____ Boots SN _____ size _____
_____ Safety Vest size _____ shove knife _____ 6x1 driver

Clothing

_____ Fire Company T-Shirt
Class B Uniform
_____ Short Sleeve Shirt size _____
_____ Long Sleeve Shirt Size _____
_____ Pants Size ___ --- ___

Class A Uniform Issued After 6 Months Of Active Service

_____ Hat Size _____	_____ Shirt Badge	_____ Name Plate
_____ Shirt Size _____	_____ Hat Badge	_____ Hat Band
_____ Pants Size ___ --- ___	_____ Tie	_____ Mourning Band
_____ Jacket Size _____	_____ Belt	

v 1.24.2024