

Hope Fire Company #1, Inc.  
82 Route 526  
Allentown, NJ 08501  
609.259.7200 Fax 609.259.1308

## Membership Application Package

Hope Fire Company has several different membership classifications to allow members for flexibility in the level of involvement by members. The following categories are the entry-level positions that a volunteer could hold:

Junior Members: Ages 16 and 17, this is a position that allows young members to obtain experience and general exposure to the world of firefighting, while not entering any hazardous situations.

Active Members: Minimum age of 18. These members must complete basic firefighting training. These members respond on emergency assignments, and perform whatever work is necessary to mitigate the emergencies. They must attend drills to ensure the skills are kept sharp for emergency calls.

Fire Police Members: Minimum age of 18. These members must complete a Fire Police course. These members respond to emergency assignments, and assist through managing traffic and allow for a safe work ground for the firefighters, and prevent civilians from entering hazardous areas.

Social Members: Minimum age of 18. These members do not respond on emergency calls, and are therefore not subjected to entering hazardous situations. These members provide the necessary support in running the Company. Most notably, support is provided in the fund raising events that are required for us to provide our service.

Ladies Auxiliary: Minimum age of 18. The Ladies Auxiliary members support the fire company during extended operations, by providing food and refreshments. Support is also provided in the fund raising events that are required for us to provide our service. (Inquire for a separate Ladies Auxiliary Application)

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The regularly scheduled activities are as follows: Company meeting on the 1<sup>st</sup> Monday of every month at 19:30. Work detail every Wednesday evening at 19:00. Drill on the 2<sup>nd</sup> Tuesday and last Monday of every month at 19:00. There are also fundraisers and additional drills throughout the year.

Volunteers are always needed. Many people may think that a fire company is not the place for them, but our volunteers have a wide range of ages, backgrounds, and interests. ***We encourage potential members to come to the firehouse on Wednesday evenings after 7PM to ask questions and get a feel for what is involved.***

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## **Instructions for Application for Membership**

Please complete the attached forms:

Membership Requirements Form  
Membership Application Form  
Personal History Form  
Background Information Release Form

Please complete the NJ State Fireman's Association Application Form (which includes a required physical).

If you have ever been a member of any fire company, rescue squad, and/or first aid squad, a reference letter from the Chief or President is required.

Return the completed Application Package in person to the above address.

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## Membership Requirements Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Please read and verify that you, the applicant, meet the following membership requirements:

1. You must be a citizen of the United States
2. Junior Members: you must be 16 or 17 years old.
3. Active Members: you must be at least 18 years old.
4. You must live within Allentown or Upper Freehold Township.
5. You must be physically fit to perform firefighting duties as assigned.

I, \_\_\_\_\_, hereby verify that I meet the above Membership Requirements to apply for membership to Hope Fire Company No. 1, Inc.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(For Junior Member Applicants)

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## Membership Application Form

Type of Membership: Active \_\_\_\_\_ Junior \_\_\_\_\_ Fire Police \_\_\_\_\_ Social \_\_\_\_\_

Personal Data:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Are you a United States Citizen? \_\_\_\_\_

Do you have a NJ Drivers License? \_\_\_\_\_

If yes, write the license number. \_\_\_\_\_

Has your license ever been suspended or revoked? \_\_\_\_\_

If yes, state reasons. \_\_\_\_\_

Have you ever been arrested or convicted of a criminal offense, or are you now under charges of a criminal offense? \_\_\_\_\_

If yes, state charge/conviction \_\_\_\_\_

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## Personal History Form

How long have you lived at your current address? \_\_\_\_\_  
If less than two years, please indicate prior address

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Please indicate your employment for the last 5 years, starting with your current employer.

Employer	Phone	from/to	position held
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Have you ever served in the United States Armed Forces? \_\_\_\_\_

If yes, which branch? \_\_\_\_\_ Type of Discharge \_\_\_\_\_

Please circle your highest level of education:

Elementary      High School (graduate Yes/No)      College (graduate Yes/No)

Please list civic, social, fire/ems, and other organizations you are or have been a member.

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Please indicate any experience you have in firefighting.

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Please list two character references who are not family members

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Why do you want to join Hope Fire Company No. 1?

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I hereby authorize the Membership Committee to make inquiries with reference to the above statements with any institution or individual.

\_\_\_\_\_  
Applicant's (or parent/guardian) signature / Date

I do certify that the above information I have given in the above application is true and correct to the best of my knowledge

\_\_\_\_\_  
Applicant's (or parent/guardian) signature / Date

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## Background Information Release Form

To:

NJ Motor Vehicle Commission and all courts, probation departments, officers and judges in charge of criminal/civil court records, schools, colleges, physicians, psychiatrists, mental health clinics, hospitals, medical record centers or bureaus or agencies, selective services boards, military services, military record centers and bureaus, unemployment and disability insurance offices, insurances companies, workers compensation companies and courts, and any and all other institutions, agencies, persons, businesses without exception.

I, (print your name) \_\_\_\_\_

Whose social security number is \_\_\_\_\_

Whose date of birth is \_\_\_\_\_

Whose driver license number is \_\_\_\_\_

And whose current address is \_\_\_\_\_  
\_\_\_\_\_

Am an individual whose background is being investigated by Hope Fire Company #1, Inc. I am cooperating in this investigation and affix my signature to this document of my own free will and accord.

Therefore, you are hereby authorized to release any and all information, records, documents, reports, evaluations, examinations, or any and all other information pertaining to me that they may request.

A photo static copy of this authorization will be deemed as effective and valid as the original.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/guardian signature for Junior members: \_\_\_\_\_  
Date: \_\_\_\_\_