

Willow Grove Fire Company

APPLICATION FOR MEMBERSHIP

879 Willow Grove Rd.
Pittsgrove, NJ 08318
856-696-2270

Dear Applicant:

Thank you for showing interest in the Willow Grove Fire Company. By picking up this application packet, you have shown that you have an interest in protecting and preventing destruction to property and lives in this community. Upon completing this application packet, you should find this to be an important commitment.

Please read this packet carefully and in its entirety. It contains the following:

1. Active Members in good standing are able to take advantage of incentives being offered by the Willow Grove Fire Company. Incentives currently being offered by the Willow Grove Fire Company are outlined on the following page of this package
2. The Application is for a volunteer organization and the information should be given on a voluntary basis. Fill in **ALL** blanks. If you have questions on any item(s), please call the firehouse at 856-696-2270. If you need additional space to complete any questions, use a blank sheet of paper. Make sure the application is signed. Any unsigned applications are not acceptable, and will result in automatic rejection.
3. Authorization for Release of Information: This allows the Willow Grove Fire Company Investigation Committee to obtain any information on your application through law enforcement agencies or a contracted company chosen by the fire department.
4. If you have any additional skills or trainings you feel would be advantageous to the Willow Grove Fire Company, please provide Training Verification for our review. Example: CPR, EMT, First Responder, Firefighter 1.

Please complete this application packet to the best of your knowledge and sign all forms. If there are any questions concerning this packet, please contact the Willow Grove Fire Company and leave your name, phone numbers and information needed. Someone will return your call.

Respectfully,
Willow Grove Fire Company

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Incentives

The Willow Grove Fire Company provides multiple incentives for its members to take advantage of. Any member, in good standing, is able to take part in the following incentives currently being offered:

1. Volunteer College Incentives: Willow Grove Fire Company offers partial reimbursement for fighter fighters considering expanding their knowledge base.
2. Length of Service Award Programs (LOSAP): A reward based pension-like program intended to help recruit and retain volunteer firefighters.
3. New Jersey State Fireman's Association:
4. Any training a fire fighter takes while a member of the Willow Grove Fire Company falls into the scope of our SOPs , will be paid entirely by the company.

The Willow Grove Fire Company keeps researching new incentives to offer to its members. The above incentives are subject to change. Once an applicant becomes a member of this institution, additional information on the above incentives will be distributed to the new member.

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Personal Information:

Social Security Number

Last Name

First Name

Middle Name

Address

City

Zip code

How long have you lived there?

Home Phone

Cell Phone

Work Phone

Date of Birth

Age at time of application

Work information:

Are You legally authorized to work in the U.S.? Yes No

Current Employer's Name: _____

Length of Employment: _____

Employer Phone #: _____

Education and Training:

High School: _____

Did you graduate? Yes No

College/Trade School: _____

Subject Major: _____

Did you earn your degree? Yes No

Please list any skills which you feel relate to firefighting:

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Have you ever belonged to another fire company/department? Yes No

If Yes, Please fill out the following:

Fire Company/Department:	Chief	Phone Number

Have you received Firefighter/E.M.S. training in the past? Yes No

Type of Firefighter/E.M.S. training:

Type/Certification	Date

Have you received first aid training in the past? Yes NO

Type of first aid training:	Date last certified:

Driving Record Check:

Driver License #

Have you been convicted of any violations of the law (Not parking violations)? Yes No

If yes, complete the following:

Violation	Date	Place	Court	Disposition

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Criminal Record Check:

Have you ever been arrested or do you have a criminal record? Yes No

If yes, complete the following:

Crime	Date	Place	Court	Disposition

Health:

Do you have any physical limitations, which would restrict your ability to perform firefighter duties?

Yes No

If Yes, please explain:

List any pertinent medication and medical conditions:

References:

Please provide three references that are not related to you (Unless they are a member of the fire company)

Name:	Address	Phone Number

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Fire Company Acknowledged Requirements

I acknowledge and understand that application to become a firefighter with the Willow Grove Volunteer Fire Company is a serious commitment. Selected applicants will be subject to a 12-month probationary period with review after six (6) months. The following must be completed or accomplished during the 12-month probationary period:

1. Attend monthly meetings (Fourth Monday of each month)
2. Drills/Fire hall maintenance with the Fire Company. (Mondays during the month, some weekends)
3. Attend functions of Fire Company. (I.E. Coin Drop, Fundraisers, Local Fire Works standby)

There will be additional training/health checkups required after becoming an active member of the Fire Company. Firefighters will be required to:

1. Complete FireFighter 1 within the first 18 months of membership. (Tuition paid by Fire Company)
2. Complete annual mandatory training.
3. Pass a physical by the fire company doctors (Paid for by the Fire Company)
4. Attend any additional training as prescribed in the Fire Company Bylaws and Standard Operating Procedures.
5. Being a firefighter is an emotionally challenging job and provides you with self-respect and self-satisfaction. Firefighting requires training and demands team effort and respect from each individual firefighter in the Company.

I have read these requirements and agree to them.

Date

Signature of Applicant

Date

Witness

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Parental Consent

My son/daughter, _____, has my permission to be a Junior Firefighter with the Willow Grove Fire Company. I give my consent to allow _____ to be a Junior Firefighter and do not hold Willow Grove Fire Company responsible for any actions caused by my son/daughter that is not under the direction of an Officer.

Junior Firefighter Signature and Date

Parent/Guardian Signature and Date

Contract of Understanding

I and my son/daughter have been briefed on ALL of the Junior Firefighter Guidelines and understand the guidelines set up to outline the purpose of the Junior Firefighters. I and my son/daughter understand that Junior Firefighters serve as supporters of the Willow Grove Firefighters to learn the basics of Firefighting and to prepare to become a full member at the age of 18. I and my son/daughter understand that Junior Firefighters are to follow all instructions from members of the WGFC and that the general standard of conduct is to act in the manner of a professional. I and my son/daughter understand that he/she is expected to be courteous and respectful of other members (Junior and Regular) and to all citizens as they are representing the Willow Grove Fire Company. I and my son/daughter understand there is a “zero tolerance” policy regarding drug and alcohol use. I and my son/daughter understand that by signing this Contract of Understanding we are declaring that any violation of the guidelines is grounds for immediate dismissal. I and my son/daughter understand that any acts that violate the guidelines and that are illegal by state law will be referred to the Bridgeton State Police Barracks.

Junior Firefighter Signature and Date

Parent/Guardian Signature and Date

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AUTHORIZATION FOR RELEASE OF CRIMINAL HISTORY RECORDS

I, _____, an applicant for the position of Firefighter with the Willow Grove Fire Company, hereby authorize any individual within this institution with whom I have been associated, to furnish the Willow Grove Fire Company with any information concerning my ability and character which they have on record or otherwise, and do hereby release the individual of said institution and all individuals connected therewith from liability of damages incurred in furnishing such information. A photocopy of this release bearing my signature shall be considered as valid as the original. This form also authorizes this institution to obtain an annual driver history abstract through New Jersey Motor Vehicles Services. I hereby give permission to the Willow Grove Fire Company and their authorized agents to obtain my driving record on an annual basis from this date forward as long as I am a member of the Willow Grove Fire Company located in the Township of Pittsgrove, New Jersey.

Print Name

Date

Signature

Date of Birth

Street Address

City

County

State

Zip Code

Social Security Number

Driver's License Number and State (Provide Copy)