



FLANDERS FIRE COMPANY #1 AND RESCUE SQUAD

Member Application



The position(s) you are applying for: (check all that apply)

- ☐ Active ☐ Associate ☐ Junior
- ☐ Support Staff ☐ Firefighter ☐ Emergency Medical Services

Last Name First Name Middle Name

Street Address Social Security Number

Town Zip Code Date of Birth

Home/Cell Phone Work Phone Place of Birth

1. Have you previously applied to this Fire Company? ☐ YES ☐ NO If yes, when? _____
2. Do you have a valid N.J. Driver's License ☐ YES ☐ NO
3. Are you legally authorized to work in the U.S.? ☐ YES ☐ NO
4. Have you ever been arrested or convicted of a felony? ☐ YES ☐ NO

If you answered yes, please explain: use space on pg. 5 if needed

5. Are you 18 years of age: ☐ YES ☐ NO
6. Do you have any physical or health limitations that could interfere with your performance in the job for which you are volunteering? ☐ YES ☐ NO *(Note: Minimum physical/mental capabilities required for certain positions)*

If you answered yes, please explain: use space on pg. 5 if needed

7. Do you have any commitments that might prevent you from meeting job requirements? ☐ YES ☐ NO

If you answered yes, please explain: use space on pg. 5 if needed

8. Do you have any relatives in the fire service? ☐ YES ☐ NO If yes, who? _____

Education, Training, and Associations

1. High School: _____ Did you Graduate? ☐ YES ☐ NO

2. College/Trade School: _____ Subject Major: _____

Did you earn your Degree? ☐ YES ☐ NO *If yes, type of degree:* _____

3. Please list any skills which you have that you feel relate to this position: *use space on pg. 5 if needed*

4. Have you received Firefighter training in the past? ☐ YES ☐ NO *Date:* _____

Type of Firefighter training: _____ Facility: _____

5. Have you received First Aid Training in the past? ☐ YES ☐ NO *Date:* _____

Type of First Aid training: _____ Facility: _____

6. Are you current in your NJ EMT certification? ☐ YES ☐ NO *If so? Date:* _____

7. Are you current in your NREMT certification? ☐ YES ☐ NO *If so? Date:* _____

8. Are you a currently a member of any other Fire Company, First Aid Squad, or Relief Association? ☐ YES ☐ NO

If you answered yes, please explain: use space on pg. 5 if needed

Employment History

1. Present Employer: _____ Supervisor's Name: _____

Address: _____ Phone: _____

Job Title: _____ Date Employed: _____

Specific Duties: _____

Does business take you out of town? ☐ YES ☐ NO *If yes, please explain normally what hours you are out of town:*

May we contact your employer? ☐ YES ☐ NO

2. Please list previous employers and reason for leaving (past five years): *use space on pg. 5 if needed*

a. _____

b. _____

c. _____

3. Have you ever served in the Military? ☐ YES ☐ NO

Honorable Discharge? ☐ YES ☐ NO *If you answered no, please explain: use space on pg. 5 if needed*

Branch of Service: _____

Reserve Status: _____

Attendance Requirements if in the Guard or Reserve: _____

4. Please list any past firefighting and/or first aid experience (including references):

a. _____

b. _____

c. _____

Availability

1. What hours are you typically available to respond to emergency calls? _____
2. Approximate minutes from home to the Fire Station? _____
3. Do you work in Mt. Olive Township or surrounding towns? ☐ YES ☐ NO

Do you intend to respond from work? ☐ YES ☐ NO *If yes, complete section below.*

Release of Employee for Volunteer Service

I, _____, the Employer of _____ agree to release said individual during work hours to respond to emergency calls with the Flanders Fire Co. # 1 and Rescue Squad.

List any restrictions: *use space on pg. 5 if needed*

Employer Signature

Employer Name

Date

4. Can you be reasonably available for the following meetings, training sessions, and other responsibilities?

Association Meeting - First Thursday of the month, 7:30 - 9:30 p.m. ☐ YES ☐ NO

Fire and EMS Training Drills - All other Thursdays, 7:30 - 9:30 p.m. ☐ YES ☐ NO

Weekend Training Sessions - varies, non-mandatory ☐ YES ☐ NO

EMS Shift - One weeknight, 7:00 p.m. - 5:00 a.m. (Fridays until 7:00 a.m.) ☐ YES ☐ NO

EMS Shift - One weekend day every 4 weeks, 7:00 a.m. - 7:00 p.m. ☐ YES ☐ NO

Road Drive Fund Raiser - Typically 3 weekend, 3 hour shifts per year ☐ YES ☐ NO

Hall Rental Team - Varies ☐ YES ☐ NO

Administrative Committee Responsibilities - approx. 20 hours per year ☐ YES ☐ NO

REFERENCES

1. Name: _____ Relation: _____
Address: _____ Phone: _____
City, State, Zip: _____ Years Known: _____

2. Name: _____ Relation: _____
Address: _____ Phone: _____
City, State, Zip: _____ Years Known: _____

3. Name: _____ Relation: _____
Address: _____ Phone: _____
City, State, Zip: _____ Years Known: _____

ADDITIONAL SPACE IF NEEDED FROM QUESTIONS ABOVE:

Motor Vehicle Record Consent to Release

As potential operator of a vehicle owned or partially owned by the Township of Mount Olive/Flanders Fire Co. #1 Inc., or any vehicle used in the performance of operations conducted by the Township of Mount Olive/Flanders Fire Co. #1 Inc., agree to permit the Township of Mount Olive/Flanders Fire Co. #1 Inc, to check my motor vehicle records annually on file with the State of New Jersey Division of Motor Vehicles, either directly or through our Risk Management Consultant or the Township of Mount Olive's auto liability and/or physical damage insurance carrier.

I consent to the release of my Motor Vehicle Records (MVR) to the Township of Mt. Olive/Flanders Fire Co. #1 Inc. I understand that these records will be used to evaluate and determine my suitability to fulfill driving privileges and/or use of a "blue light." This consent is given in satisfaction of Public Law 18 USC 2721 et. Seq., "Federal Driver's Privacy Protection Act", and is intended to constitute "written consent" as require by this Act. I understand that this information is required to confirm that I have maintained a valid driver license at all times and that I shall inform the Association if this should change at any time during my membership.

1. Do you consent to a driver's license record check? ☐ YES ☐ NO

a. Driver's license number: _____ State of issuance: _____ Class: _____

b. Do you have truck driving experience? ☐ YES ☐ NO Type of vehicle: _____

c. Endorsements: _____

Applicant Printed Name

Date

Applicant Signature

Date

Applicant Acknowledgments

I, _____, a resident of _____, residing in Morris County, New
(Applicant Name) (Town)

Jersey, respectfully petition to be considered for membership into the FLANDERS FIRE COMPANY NO. 1 AND RESCUE SQUAD.

I acknowledge and understand that application to become a member of the Flanders Fire Company No. 1 and Rescue Squad requires a substantial commitment in addition to responding to emergency calls.

Selected applicants will be subject to a 6-month probationary period (not necessarily consecutive), in which the required efficiency, as defined in ARTICLE 27 of the By-Laws has been maintained. If after 12 months, the probationary member has not maintained the required efficiency (including the 6 months mentioned above), a written recommendation will be submitted to the membership by the Review Committee.

There will be additional training required after becoming an active member of the Fire Company. Members (Support Staff exempt) will, within 1 year be required to (choose one or both): *Tuition paid for by the Fire Company*

1. Enroll in Fire Fighter I
2. Enroll in EMT or EMR

Flanders Fire Company No. 1 and Rescue Squad requires all applicants to submit to a drug test and police background check. A \$50.00 application fee, payable to "Flanders Fire Co. #1" is due with this application. Provided you pass the drug test, have an acceptable background check, complete your probationary period and are promoted to "Active" status, your application fee will be refunded. *Failure to successfully complete any of the aforementioned requirements will result in forfeiture of the application fee.*

By submitting this petition, I am certifying that: **I have no other desire than to unite with others in elevating and advancing the interest of the volunteer Fire Company. Should my membership be granted, I promise to uphold and follow the rules set forth within the By-Laws, Rules and Standard Operating Procedures of the Flanders Fire Company No. 1 and Rescue Squad.**

I have received a copy of FFC Form 6 "New Member Rules, Guidelines, and Expectations," and I will obey and carry out the safe and legal orders of the Officers elected over me to the best of my ability.

I HAVE READ ALL REQUIREMENTS FOR APPLICATION AND MEMBERSHIP AND AGREE TO THEM. I CERTIFY THAT THE INFORMATION I HAVE PROVIDED AND STATEMENTS I HAVE MADE WITHIN THIS MEMBER APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Applicant Signature

Date



FLANDERS FIRE COMPANY #1 AND RESCUE SQUAD

27 MAIN STREET • FLANDERS, NEW JERSEY 07836



Anti-Harassment and Anti-Discrimination Statement

Flanders Fire Co. #1 and Rescue Squad is committed to ensuring that all of our members work in an environment of mutual respect, free of harassment and discrimination. Flanders Fire Co. #1 and Rescue Squad does not tolerate harassment or discrimination of any of its members with regard to race, sex, sexual orientation, color, age, religion, national origin, or disability.

If you believe you are being harassed or exposed to conduct you find offensive, ask the person to stop immediately. If the conduct continues, contact any officer of the Associations, the Fire Company, or Rescue Squad. If you any reason you are not comfortable discussing the problem with any of these individuals, put any concerns or complaints involving these issues in writing and submit it directly by certified mail, return receipt requested, to the President of the Association.

Applicant/Member Signature

Date

Applicant/Member Printed Name

Witness Signature (Department Representative)

Date

Witness Printed Name



FLANDERS FIRE COMPANY #1 AND RESCUE SQUAD
27 MAIN STREET • FLANDERS, NEW JERSEY 07836



JUNIOR MEMBERSHIP PROGRAM
PARENT and/or GUARDIAN AUTHORIZATION FORM

The Flanders Fire Co. #1 and Rescue Squad is an all-volunteer association that was founded in 1923 to furnish emergency services to the residents of Mt. Olive Township. The Junior Membership Program of our association was established to provide an opportunity for our children, ages 16 through 18, to also serve their community as well as learn the basics of fire fighting and emergency medical and first aid procedures. The program's goal is to generate interest in our teenagers to become full members of the association at age 18.

As a junior member of the Flanders Fire Co. #1 and Rescue Squad the following rules apply.

A junior member will:

- Not be assigned or subjected to any dangerous activity association with fire fighting or rescue squad duties
- Under NO circumstance drive an emergency vehicle or operate power equipment.
- Not be permitted to leave school, nor are they expected to leave any other activity deemed to be more important by their parent/guardian.
- Not be permitted to carry a dispatch pager or radio on school grounds during school hours.
- Obey all motor vehicle rules and regulations when responding to a call.
- Not be permitted to use a "blue light" or other emergency warning device (to include hazards) while responding to a call.

If you have any questions regarding the Junior Membership Program or the Flanders Fire Co. #1 and Rescue

Squad, please call _____ on _____

I hereby authorize _____ to participate in the Flanders Fire Co. #1 and Rescue

Squad's Junior Membership Program.

Signature: _____ Date: _____

Printed Name: _____ Relation: _____

Serving the Community Since 1923



FLANDERS FIRE COMPANY #1 AND RESCUE SQUAD
27 MAIN STREET • FLANDERS, NEW JERSEY 07836



Doctor Recommendation

To be filled out by a physician licensed in the State of New Jersey and returned to the Flanders Fire Co. #1 and Rescue Squad. All sections of the physical must be properly filled out or the application will not be accepted.

Name: _____
First M.I. Last

Age: _____ Sex: _____ Height: _____ Weight: _____ Hearing: _____

Blood Pressure: _____ Eyesight: Left: _____ Right: _____ Both (Corrected): _____
(Numbers) (Numbers) (Numbers) (Numbers)

Has applicant and apparent disabilities in:

Facial _____ Pulmonary _____

Cardio Pulmonary _____ Vascular _____

Abdomen _____ Genitourinary _____

Musculo-skeletal _____ Other _____

The applicant is free of any, other than listed above, medical or physical conditions that would cause harm to him/her or any other firefighter(s) or further aggravate an existing medical condition.

☐ YES ☐ NO *If no, please explain below*

I CERTIFY THAT AS A PRACTICING PHYSICIAN IN THE STATE OF NEW JERSEY , THE APPLICANT IS FREE FROM ANY ACUTE OR CHRONIC DISEASE AND HAS NO PHYSICAL DEFECTS THAT WOULD HINDER HIS/HER ABILITY TO PERFORM DUTIES OF A FIREFIGHTER/FIRST RESPONDER.

Physician's Signature

Date

Physicians Printed Name



FLANDERS FIRE COMPANY #1 AND RESCUE SQUAD

27 MAIN STREET • FLANDERS, NEW JERSEY 07836



RULES, GUIDELINES, AND EXPECTATIONS ACKNOWLEDGMENT

1. These rules, guidelines and expectations are only a starting basis and are subject to change.
2. The Fire Company and Rescue Squad work as one entity.
3. Drills start at 7:30 p.m. unless otherwise announced. Be prompt! Call the appropriate officer if you are going to be late (after 7:45 p.m.).
4. Do not leave any call or drill unless you have been dismissed. If you need to leave early, notify the officer in charge.
5. Weekly dues of \$1.00 to supplement snacks and beverages.
6. Probationary period is 6 months; but not more than one year without further review of the Association. Once 6 months of satisfactory efficiency is fulfilled and accepted by the association, you will then become an Active Member.
7. Your access keyfob is for your use only. Do not lend it to anyone!
8. Must maintain 40% efficiency overall;
 - a. Probationary/Active Member: Calls = 70%, Credited Meetings/Drills = 30%
 - b. Associate Member: Calls 20%, or 6 Meetings/Drills Annually
9. You will be assigned to a weeknight Rescue Squad shift;. Junior members are exempt.
10. During shift hours, member response is as follows:
 - a. First Request - EMS (including mutual aid) (shift members): non-credit
 - b. Second Request - EMS (all members): credited call
 - c. Additional Call - EMS (all members): credited call
 - d. All other calls - FIRE (all members): credited call
11. Make-ups can be used to supplement efficiency. Must be authorized by the Association President, Chief, Rescue Squad Captain, or their designee. Number of make-ups cannot exceed number of calls attended.
12. You must enroll in Firefighter I or EMR/EMT, and have CPR within one year of becoming an Active Member. All approved courses will be paid for by the Fire Company.
13. You will be assigned to serve on a committee(s) by the Association President.
14. When responding to an emergency call, report directly to the fire house in a safe manner, obeying all traffic laws. DO NOT STOP AT THE SCENE.
15. If you miss an apparatus or ambulance, call Command via the radio to see if additional man power is needed.
16. Only perform tasks in which you have been trained or you are under direct supervision of an officer.
17. During an emergency, follow the orders of the officers; when you are given a task to carry out; you must complete or have that task reassigned before taking on a new responsibility.
18. Only Active/Associate Members who have completed probation will be authorized to use a "blue light" regardless if they have an approved "Blue Light Permit."
19. Junior members are prohibited from utilizing any power tool.
20. No member shall execute interior firefighting operations until properly credentialled, has completed probationary period, and authorized by the Chief.
21. No member shall drive any department vehicle until authorized by the Chief or Rescue Squad Captain.
22. You must be at least 21 years of age to begin driver training on Engine 95, Tower 96, or Rescue 97.
23. You are to conduct yourself in a professional manner at all times when representing the department.
24. You are to abide by all department By-Laws, Rules and Standard Operating Procedures/Guidelines.
25. You are to respect the property of the Association, Fire Company and Rescue Squad.
26. You are required to join the NJ State Fireman's Relief Association in which they have their own rules and guide lines. (see our Relief President).

I, _____, have read and understood the above rules and guide lines, and agree to abide by them at all times.

Applicant/Member Signature

Date



PUBLIC SAFETY VOLUNTEER FINGERPRINT SUBMISSION & RELEASE AUTHORIZATION

I, _____, am making application for membership
(Volunteer Applicant's Name)
as a volunteer to the _____ Flanders Fire Co. # 1 and Rescue Squad _____. As a condition of membership, I
(Volunteer Organization's Name)
understand that I will need to be fingerprinted at the Mount Olive Township Police Department. My fingerprints will be submitted as a (PSV) Public Safety Volunteer for the purpose of determining my Criminal History within the State of New Jersey. The results of the fingerprint submission will be sent directly to the Mount Olive Township Police Department. The Mount Olive Township Police Department and all of the Mount Olive Township Volunteer Emergency Services Organizations have agreed to follow the same guidelines set forth in the FBU/CJIS Security Awareness Policies with regard to volunteer eligibility. Therefore, I understand that the Mount Olive Township Police Department shall disqualify me as a volunteer in my criminal history reveals any Felony Convictions (1st, 2nd, 3rd, & 4th Degree Crimes) and may recommend disqualification for any Disorderly Offenses or other violations that are determined. Additionally, I authorize the Mount Olive Township Police Department to release the results of my criminal history check and their recommendation to the assigned representative(s) of the above mentioned volunteer organization.

I hereby release, discharge and exonerate the Mount Olive Township Police Department, its agents and representatives, and any person so furnishing information from any and all liability of every nature and kind arising out of the furnishing, inspection or collection of such documents, records, and other information or the investigation made by the Mount Olive Police Department.

I, _____, understand that the Criminal History Check
(Volunteer Organization Representative's Name)
conducted as a result of the above individual's (PSV) fingerprint submission will only provide arrest and conviction information committed within the State of New Jersey. I also understand that it will be the responsibility of the volunteer organization I represent (listed above) to complete the background and reference check of the volunteer applicant and our organization will make the determination on membership.

Signature: _____ Date: ____/____/20____.
(Volunteer Applicant's Signature)

Signature: _____ Date: ____/____/20____.
(Volunteer Organization Representative's Signature)

NOTE: All fingerprint appointments **MUST** be scheduled at least 2 days in advance by contacting the Mount Olive Police Department's Investigations Division at 973-691-0900 Ext. 7203. This original form shall be maintained in the Mount Olive Township Administration Office. A photo copy or scan of this authorization will be considered as effective and valid as the original.