

CASSVILLE VOLUNTEER FIRE COMPANY

Station 56 - Fire District 2
Jackson, NJ



ACTIVE MEMBERSHIP APPLICATION

Dear Applicant:

Thank you for your interest in the Cassville Volunteer Fire Company.

I am glad that you have taken the first steps to join our organization and the larger brotherhood of firefighters worldwide.

If you are coming to our organization to serve your neighbors, to help people when they are least able to help themselves, to feel like you are making a difference in people's lives we welcome you. Those feelings are honorable and keeping those goals as the fore-front to everything you do in the fire service will help you to excel and advance in your fire service career.

The Cassville Volunteer Fire Company has a history of over 75-years of service to the people of Jackson Township. As the current stewards of that legacy, my officers and I strive to make our Company the best firefighting force in the area and pass it along to the next generation of leaders in better shape than we found it; we are constantly pushing to do better today than we did yesterday.

Our leadership beliefs can be summed up by four simple philosophies that are a new trend in the fire service, but built on a long tradition of top-notch leadership:

- Do your job
- Treat people right
- Give all out effort
- Have an all in attitude

It sounds simplistic, but if every member follows those four simple principles we will accomplish anything that we strive to achieve. "Excellence is my responsibility" will be the motto that sums up the action of living up to these principles.

If being in service to your community and striving for the highest possible performance is what motivates you, I invite you to apply and join our brotherhood. We will teach you the technical skills but we can't light the fire inside of you to serve...that part is up to you!

Fraternally,

Chief of the Department

CASSVILLE VOLUNTEER FIRE COMPANY #1 JACKSON FIRE DISTRICT 2



785 Miller Avenue, Suite 2
Jackson, New Jersey 08527
732-928-9100 - Fax 732-928-9177
www.cassvillefire.org

CHIEF
SEAN
RYAN

PRESIDENT
PATRICK
McNAMARA

Active Membership Application Guidelines

Active Membership is for persons interested in volunteering to protect life and property by serving the community as a Certified New Jersey Firefighter. As an Active Probationary Firefighter you will attend a New Jersey State Fire Academy part time for approximately 6 months and receive training in both theory and practical skills. Once completed, you will be tested by the New Jersey Division of Fire Safety for Professional Firefighter Certification. The Academy will include many disciplines of study including Fire Suppression, Incident Management, Hazardous Materials Operations, and Basic First Aid.

Probationary Firefighters are NOT utilized as interior firefighters until completion of a New Jersey State Fire Academy.

Before Applying:

- Must attend two Drills before receiving an application.
- Must be paired with an Active Member/Sponsor for guidance through this process.

Process and Requirements:

- Must live in Jackson Township.
- Must be 18 years of age or older.
- Should be available most Tuesday nights at 1930 hrs. for Drills/Meetings.
- Must submit identification from the NJ Motor Vehicle Commission.
- Must submit a recent (within 30 days) driver abstract from the NJ Motor Vehicle Commission.
 - You can visit a MVC Location or go online for this process.
- Must fill out Secured Knowledge Consultants LLC Background Consent Form.
- Must submit a completed and notarized CVFC Membership Application.
- Must submit a completed and notarized NJ State Firemen's Relief Association Application. This form **MUST** be an original, manila in color, cannot be a photocopy reproduction, and must be the most recent revision. After acceptance it **MUST** be given to a Relief Trustee or Representative.
 - NJ State Firemen's Relief Association Applications include a Physical Examination in which the State Association is extremely particular about. You must have your doctor complete with hearing and eyesight sections with **NUMBERS**, writing anything else is not accepted by the State. (i.e. Normal, WNL, etc.)
 - NJ State Firemen's Relief Assoc. Application must be signed by the Chief.
 - NJ State Firemen's Relief Assoc. Application must be signed by a Fire Commissioner.
- All requirements are to be met before application material is to be submitted.
- All documents must be submitted to the Membership Committee before the CVFC Monthly Business Meeting, normally held the 4th Tuesday of each month at 7:30 pm.

Membership Requirements:

- Must maintain a minimum of 50% of the collective Calls, Training Drills, and Fundraisers.
- Probationary Firefighters shall serve up to 1 full year probation and completion of a Fire Academy before becoming an Active Firefighter.

"Making House Calls Since 1939"

Active Membership Application Checklist

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- Attended two drills (does not include meetings).
- Went over process and guided by an Active Member/Sponsor.
- Residency in Jackson Township.
- Over 18 years of age and identification provided.
- Attached a recent Driver Abstract from the Motor Vehicle Commission.
- Completed Secured Knowledge Consultants LLC Background Consent Form.
- Attached a complete, notarized CVFC Membership Application.
- Attached a complete, notarized NJ Firemen's Relief Association Application (Numbers in Hearing and Vision Sections, Signed by Chief and a Commissioner).
- \$1 Application Fee, \$5 Annual Membership Dues.
- Submit to Membership Committee prior to Business Meeting after all steps are thoroughly complete.

Applicant Signature

Active Member/Sponsor Signature

Applicant Print Name

Active Member/Sponsor Print Name

Date of Application

Active Member/Sponsor Line #

**Please attach this form to all paperwork being submitted to the Review Board.*

CASSVILLE VOLUNTEER FIRE COMPANY #1 STATION 56

Fire District # 2, Jackson, New Jersey

APPLICATION FOR MEMBERSHIP

Name: _____
(Last) (First) (MI)

Current Address: _____

Home Phone: _____ **Cell Phone:** _____

Social Security #: _____ **Date of Application:** _____

E-Mail Address: _____

Former Address: _____

(If at the current address less than five (5) years)

Have you ever been a member of any volunteer emergency service agency? YES / NO

If yes, state agency & dates of service: _____

Contact Person: _____

(President, Chief, or Commissioner. Provide current valid contact telephone #)

Are you currently employed? If yes, Where? _____

Dates of employment: _____

Supervisor: _____ Contact #: _____

Second/Past Employer: YES / NO Where? _____

Dates of employment: _____ Reason for Leaving: _____

Supervisor: _____ Contact #: _____

Current Driver's License #: _____ **State:** _____ **Exp:** _____

License Class: A B C D Commercial Endorsements: _____

Driving privileges suspended or revoked in this or any other state?: YES / NO (circle)

If yes, where & reason(s): _____

Have you ever been arrested, detained, charged, or convicted of any offense in any Court or other Competent Judicial Jurisdiction in this or any other state? YES / NO (circle)

If yes, provide complete Detail(s): (use additional sheets if necessary) _____

I hereby certify by my affixed signature below, that all statements made, and questions answered, by me, are true, current, and valid to the best of my knowledge. I understand that any intentionally false statements or indications made by me subject me to immediate rejection of this application for membership, and/or expulsion/ termination of subsequent membership from the Cassville Vol. Fire. Co. #1, and subject, as well, to any other action as may be deemed appropriate by applicable Statute, Rule, Regulation, or Standard. I hereby authorize release, to the Cassville Col. Fire Co. #1, the Jackson Twp. Board of Fire Commissioners, District #2, or any of its assigns or designees, of any information required to be obtained, inclusive of, but not limited to, Criminal/Civil background checks, driver history information, contacting of provided references and/or employers, or other required information, for the purposes of determining eligibility for membership.

(Printed Name)

Notary Public Seal, Stamp, & Signature
Affixed here

(Signature)

References: (Those not living with or related to the applicant, please provide Name, Address, & valid Contact #)

1) _____ 2) _____ 3) _____

REVIEW BOARD RECOMMENDATION

The Review Board of the CVFC #1, during its business meeting held on _____, having reviewed this complete application for membership, with all applicable attachments and enclosures therein, as received by the Membership Committee of the CVFC #1, finds the applicant stated above to be **ELIGIBLE / INELIGIBLE** for recommendation to the General Membership for: **ACTIVE-PROBATIONARY / JUNIOR / AUXILIARY / SOCIAL** Membership into the Cassville Vol. Fire Co. #1, Fire District #2, Jackson Twp., NJ pursuant to **ARTICLE XIX** of the Constitution and By-Laws of the above FIRE COMPANY, and applicable Statute, Rule, Regulation, and Standard.

Review Board: (Printed Names & Signatures)

President: _____

Vice-President: _____

Member: _____

Member: _____

Member: _____

Member: _____

Member: _____

COMPANY DETERMINATION

The CVFC #1, during its business meeting held on _____, has hereby **ACCEPTED / REJECTED** this application for membership on a probationary status, length of such being for a period of _____ months, commencing on _____ with successful completion, unless otherwise specified, on _____, as governed by the By-Laws of the CVFC #1.

Reason for rejection, (if any): _____

(President, CVFC #1)

(Secretary, CVFC #1)

Attached:
Background Check: _____ Drivers Abstract: _____ Relief Assoc. Application: _____
Membership Application Checklist: _____ Letter from Previous FD / EMS: _____

Scan + EMAIL to: SKCLLC@hotmail.com

Secured Knowledge Consultants LLC

P.O. Box 1102 Forked River, NJ 08731

848-333-6353

Background Consent Form

Applicant should complete all relevant information and sign and date the form.

I, _____, hereby authorize Secured Knowledge Consultants LLC and/or its agents to make an independent investigation of my background, references, character, past employment, education, credit history, adult criminal or police records, and motor vehicle records including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for service.

I release Secured Knowledge Consultants LLC and its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used. The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

Full Name (Printed) _____

Maiden Name or Other Names Used _____

Social Security Number: _____ **Date of Birth:** ____/____/____

Present Address _____

City _____ **State** _____ **Zip** _____

How Long at Present Address? _____

Former Address _____

City _____ **State** _____ **Zip** _____

How Long at Former Address? _____

Please list all cities & states of residence since turning age 18:

Driver's License Number: _____ **State of License:** _____

Signature of Applicant / Date

CASSVILLE VOLUNTEER FIRE COMPANY

ACCOUNTABILITY TAG FORM

DIRECTIONS: This form should be filled out in its entirety with current information. If you do not know the answer, ask someone. If an answer is "none," write "none" (such as Meds, History, Allergies). If you do not know your blood type, write "unknown." Blood Pressure and Pulse can be taken by a member who is an EMT, unless you know what your most recent pressure is. Please turn this form in to the Career Staff and arrange to have your photo taken after acceptance into the fire company. You must include your state certification number(s) (if issued). Medical Information is recommended but optional.

Name: _____

Line Number: _____ Date of Birth: _____

Member Status: ___ Active ___ Probationary ___ Junior ___ Auxiliary

Certifications: ___ Firefighter Level I or II 6 Digit Certification # _____
 ___ Emergency Medical Technician 6 Digit Certification # _____
 ___ CPR CPR Expiration Date: _____

Doctor or Office: _____

Blood Pressure: _____ Pulse: _____

Blood Type: _____

Medications: _____

Allergies: _____

History: _____

Emergency Contact Name: _____

Emergency Contact Home # _____ Cell # _____

Notes: _____
