

SOUTHARD FIRE DEPARTMENT No.1

P.O. BOX 2
4611 ROUTE 9 NORTH
HOWELL, NEW JERSEY 07731-2430
(732) 364-3399
WWW.SOUTHARDFIRE.ORG

APPLICATION FOR MEMBERSHIP PACKET

APPLICANT:

Thank you for your interest in becoming a member of the Southard Fire Department. Attached are the necessary documents that need to be completed in order to be considered for membership.

- 1 – **Page #2 and #3** - Complete the top section of the Application for Membership Document, and have it notarized.
- 2 – **Page #4** - Complete the top section and the six (6) questions on the Criminal Background Questionnaire and drop off to the Southard Fire Department along with your Application for Membership.
- 3 – **Page #5** - Complete the top section of the Criminal Background Fingerprint Check authorization form and **bring the completed form to the Howell Township Police Department** to be fingerprinted. You will leave the top of Page #5 with them.
- 4 – **Page #6** - Hazardous Materials Team - If applying for Hazardous Materials Response Team, please complete entire packet, including Page #6 and attach copies of all qualification documentation.

When the Application for Membership and Criminal Background Questionnaire is completed (Pages 2-4), please bring or mail the two documents to the Fire Department at the address below:

Southard Fire Department No.1
P.O. Box 2
Howell, New Jersey 07731
Attn: President or Chief of Department

Thank you for your time and interest!

Southard Fire Department

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Application for Membership

Application Date: _____

Interview Date: _____

Applying for which level of membership (circle one): **Junior** **Probationary** **Hazmat Team** **Social** **Ladies Auxiliary**

Full Name _____ Address _____

Home Phone Number _____ Email Address _____

Cell Phone Number _____ Cell Phone Provider _____

Date of Birth _____ Place of Birth _____ Age _____

If not born in the Unites States, Date Naturalized _____ Place _____

What is your current occupation? _____

Have you ever been a firefighter? _____ If so when and where? _____

Years lived in Howell Twp. _____

Sponsored by: _____

STATE OF NEW JERSEY)

COUNTY OF MONMOUTH)

Ss:



Signature of Applicant

_____ Being duly sworn does both depose and says that the above statements are true to the best of his / her
(Name of Applicant) knowledge and belief.

Sworn and subscribed before me this _____

Day of _____ 20 _____

Signature of Notary

Physical Test Record

(To be filled out by examiner)

Age _____ Height _____ (feet) _____ (inches) Weight _____ lbs. Blood Type _____

Allergies _____ Eye Color _____ Hair Color _____

Eyesight _____ Normal Hearing _____

Remarks: _____

Have they ever suffered from injury? _____ If so, what and when? _____

Have they ever had dizzy or fainting spells? _____ Any Heart Issues? _____

I hereby certify that, as a practicing physician in the State of New Jersey, the applicant is physically
(Circle one) **FIT** or **UNFIT** to become a volunteer firefighter.

Office Name _____ Doctor Name _____

Date _____ 20 _____ Signature of Examiner

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Application for Membership

(To Be Completed After Swearing In)

I hereby certify that this applicant was elected to _____ membership in the Southard Fire Department No. 1.
On the _____ day of _____, 20____

Chief of Department Name

Chief of Department Signature

President Name

President Signature

"I _____, do solemnly swear (or affirm) that I will support and defend the constitution of the United States and the constitution of the State of New Jersey against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties upon which I am about to enter"

"And I do further swear (or affirm) that I do not advocate, nor am I a member of any political party or organization that advocates the overthrow of the Government of the United States or of this state by force or violence; and that during such time as I am a member of the Southard Fire Department No. 1, I will not advocate nor become a member of any political party or organization that advocates the overthrow of the Government of the United States or of this State by force or violence."

Applicant Name

Signature of Applicant

Date

Address

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NAME: _____

_____ Last _____ First _____ Middle
Social Security # : _____ Phone # : _____

Driver's License # : _____ License Exp Date: _____ License Class: _____

In accordance with Ordinance 0-93-11, of the Township of Howell, dated July 26, 1993; all applicants for membership in the Southard Fire Department No.1 **are required** to answer the following questions;

- 1) Has the **applicant** had “any conviction of a violation on N.J.S.A. 2C:17-1, including aggravated arson, arson, failure to control or report a dangerous fire, or directly or indirectly pay or accepts any form of consideration for the purpose of starting a fire or explosion?”
YES _____ NO _____
- 2) Has the **applicant** had “any conviction of a violation of N.J.S.A. 2C:33-3, regarding false public alarms, any conviction of a crime or disorderly persons violation?”
YES _____ NO _____
- 3) **Applicant** understands that they are required to submit to fingerprinting, and that a background investigation will be conducted by the Howell Township Police Department, after submission of the proper documents to the Chief of Police, or their authorized representative?
YES _____ NO _____
- 4) **Applicant** understands that “pursuant to N.J.S.A. 15:8-1.1, persons convicted of certain offenses are not eligible for membership in a Volunteer Fire Department?”
YES _____ NO _____
- 5) **Applicant** understands that convictions of any offenses listed above, or untruthful statements on this application may disqualify applicant from membership in this Fire Department?
YES _____ NO _____
- 6) **Applicant** understands that they will be subjected to an annual review of their status to operate motor vehicles in the State of New Jersey. This review will be conducted by the Southard Fire Dept, Board of Fire Commissioners Fire District No.3 and/or Howell Township Police Dept.
YES _____ NO _____

I have read the above questions, and I have answered the truthfully, to the best of my ability.

Signature of Applicant _____ Date _____

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NAME: _____
Last First Middle

Address : _____

Driver's License # : _____ License Exp Date: _____

Phone # : _____

In accordance with Ordinance 0-93-11, of the Township of Howell, dated July 26, 1993; all applicants for membership in a volunteer agency are required to answer specific questions regarding their personal history, and to submit themselves to the Howell Township Police Department for fingerprinting, to enable proper investigation of their background, for any items which may render them ineligible for membership.

Applicants understand and agree to allow the authorized investigations to take place, by completing and submitting the necessary paperwork to the Chief of Police or his authorized representative.

Applicant further authorizes the Chief of Police to report the results of the police department investigation to the Chief of the Fire Company, or his authorized representative, to allow the fire company to make final determination as to the applicant's eligibility for membership.

Applicant fully understands, that by freely placing their signature on this form, they are authorizing the Chief of Police, or his authorized representative, to release the results of their investigation to the Fire Chief, or his authorized representative.

Applicant also understands that any information released by the Chief of Police, or his authorized representative will be kept confidential by the Fire Chief, or his authorized representative, and will not be divulged to anyone except the applicant for membership, for any reason.

Signature of Applicant: _____ Date: _____ Time: _____

Howell Twp. Police Officer,

Please place this letter and a copy of the CAD card in Ptl. Silvani's mailbox. Also, please write case number, date, time and your name on the bottom, tear off and return to the candidate.

Applicant / Candidate, please return this portion of the application, with pages 1-4 to the Southard Fire Dept. No.1 in a sealed envelope. Please make sure your full name, and phone number are clearly written on the envelope.

Applicant / Candidate Full Name: _____

Howell PD Case #: _____ Date: _____ Time: _____

Officer Badge / Name: _____

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Hazardous Materials Response Team Application for Membership

NAME: _____

Last

First

Middle

Thank you for your interest in becoming a member of the Southard Fire Department Hazardous Materials Response Team. To become a member of the Hazmat Team, respective candidates must have completed specific levels of training that are in compliance with OSHA 29 CFR Part 1910.120. We prefer all members to have completed the programs that are provided by the New Jersey State Police Hazardous Materials Response Unit. NJSP HMRU has provided a tiered training curriculum that coincides with those established under Occupational Safety and Health Administration (OSHA) 29 CFR Part 1910.120 (including non-mandatory Appendix E), the National Fire Protection Association (NFPA) 471 standard, the revised NFPA 472 standard, and the U.S. Department of Transportation National Curriculum.

To become a responding member of the Hazmat Team, said applicants should have completed the following:

1. Level 1 - Hazardous Materials Awareness Training
2. Level 2 - Hazardous Materials Operations Training
3. Level 3 - Hazardous Materials Technician Training
 - a. Note - Level 3 Training is optional, will be provided if needed.
4. Level 4 - Hazardous Materials Tank Truck and/or Rail Car Specialist Training
 - a. Note - Level 4 Training is optional, will be provided if needed.
5. Level 5 - Hazardous Materials On Scene Incident Commander Training
 - a. Note - Level 5 Training is optional, will be provided if needed.
6. All applicants must be capable of passing a complete physical and continuous medical monitoring
7. All applicants must have a valid NJ driver's license.
8. Copies of all certifications should be attached to this application packet.

If applicants are accepted, they understand that they are **NOT** a full member of the Southard Fire Department, only the Southard Fire Department Hazmat Team. They will not attend any business meetings of the department, or any other activities. In addition, any applicant that is accepted understands that anything given to them by the department will be returned upon exit from the department.

Signature of Applicant: _____ Date: _____ Time: _____