



MORGANVILLE VOLUNTEER FIRE COMPANY, INC.

78 Tennent Road
Morganville, New Jersey 07751
732-591-9820

Est. 1914 - Proudly serving the residents of our community for almost 100 years.

Dear Applicant:

Thank you for your interest in joining the Morganville Volunteer Fire Company. The community depends on us responding to their needs and we are always looking for new members, like yourself, male and female. Why not start a family tradition and join the ranks of the thousands of volunteer fire fighters across the country? We thank you for expressing an interest to get involved! The Morganville Volunteer Fire Company is a 100% volunteer department. We are made up of your friends and neighbors, coming from many different backgrounds. All training and equipment is provided to you at no cost.

We do not have assigned shifts, nor do we stay or sleep at the firehouse. You will be responding from your home as your schedule permits. There are also many benefits that come from being a volunteer which we will discuss at your orientation.

To apply for membership, you will need to complete the attached form. We cannot process the application if it is not completely filled out. If any item on the application does not apply to you, please indicate by putting "N/A" where appropriate. Once completed, please mail back to us for review by the Membership Committee. We will contact you for an orientation meeting where we will answer your questions and provide you with an overview of what being a volunteer firefighter involves.

Those persons applying for Junior Fireman (under age 18) will obtain a medical release form during the orientation which will need to be completed by your physician.

Those persons applying for Regular Fireman will obtain a medical release form during the orientation which will need to be taken to a specific physician who has been approved by the Marlboro Township Board of Fire Commissioners, District 3. There is no cost to you for this exam.

Those persons applying for Associate membership or Ladies Auxiliary will not have to obtain a medical release form.

Please call 732-591-9820 or email us at MVFD284@GMAIL.com if you have any questions or need further assistance



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APPLICATION FOR MEMBERSHIP

(Please print and complete this form clearly)

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

How long have you resided at this address (years, months): _____ years, _____ months

Mailing Address If Different From Above: _____

You are between ages 16-18 You are over age 18 Social Security Number: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

If under 18, name of your parents or guardian(s) that you live with _____

Phone Number _____ Cell Phone Number _____

Are you currently a licensed driver in the State of New Jersey: (Y / N): _____

Driver's License Number: _____ Exp: _____ State: _____

Type of License Provisional Basic Operator CDL Other

Is your license suspended in this or any other State? (Y / N): _____

If yes, explain _____

Which membership are you applying for?

Junior Firefighter (ages 16-18) Regular Firefighter (ages 18+) Associate Member Ladies Auxiliary

What is your availability? _____

How did you find out about our organization: _____

Why you want to become a member of this organization: _____

What are your expectations? _____

Have you previously applied or been accepted to any other Fire Department or Similar organization: (Y/N) _____

If yes, Name of organization _____

Address _____

Contact Person _____

What were your duties and responsibilities? _____

Reason for leaving (if applicable): _____

Dates of service (if applicable): _____

Are you related to any current member or former member of the Fire Department? (Y/N) If yes, who? _____

Have you ever been convicted of a crime or an offense (Excluding driving history)? (Y/N)

If yes, provide details. _____

Have you enrolled in Pre-Trial Intervention (PTI) or received a conditional discharge? (Y/N)
If yes, provide details _____

Other organizations you currently belong to or participate with:

Please list all relevant certifications (i.e. Firefighter 1/Fire Police/CPR/First Aid/First Responder/Hazmat/I200/etc.):

Certification	Issuing Authority	Expiration
1)		
2)		
3)		

Do you have any medical or physical conditions that would prohibit you from joining and functioning as a firefighter in the Fire Company? (Y/N)
If yes, please explain: _____

I/We acknowledge that the above answers are truthful and that a medical exam will need to be completed by a physician (Junior members can use their physician), Regular members are required to use the physician is assigned by the Board of Fire Commissioners, before acceptance can occur in the Morganville Volunteer Fire Company (no cost).

_____ Signature of Applicant	_____ If under 18, Signature of Applicant's Parent/Legal Guardian
_____ Date	_____ Date

If acceptance is obtained under this application, I do hereby certify that I will perform my duties as a firefighter, uphold the Constitution and By-Laws, and that I will attend all the training courses as required by the Morganville Volunteer Fire Company, Inc. I/We agree to comply with all orders, rules and regulations of the Fire Company.

I/We agree to let a representative of the Morganville Volunteer Fire Company, Inc., and/or Marlboro Township Board of Fire Commissioners, District 3, and/or Marlboro Township Police Department or other such agencies to conduct an investigative report regarding any and all statements given on this application and I/we further agree to have the applicant submit to a physical examination (not applicable to Associate or Ladies Auxiliary). I/We understand that due to Homeland Security rules and regulations, the applicant may also be subject to a criminal history background check and fingerprinting. Results of the background check may result in the rejection of the application and denying of membership. I/We understand that in the event an unsatisfactory report is received concerning the criminal record and/or driving abstract, that I may be rejected for membership in the Morganville Volunteer Fire Company. I/We further understand that in the event the physical examination reveals any medical conditions or the use of alcohol or drugs, including prescription medications, which may impair my ability as a firefighter, I may be rejected for membership in the Morganville Volunteer Fire Company.

I/We agree to be responsible for all and any equipment/uniforms issued to me. I/We shall return any and all equipment/uniforms in the same condition in which it was given. All equipment/uniforms shall be returned immediately to the Fire Company upon request, as well as upon the applicants' termination from the Fire Company. I/We agree that it shall be mine/our financial responsibility to reimburse the Fire Company and/or Commissioners for any equipment/uniforms which are not returned in a timely fashion to the Fire Company.

The answers to the foregoing are in the applicants' own handwriting and are true to the best of mine/our knowledge and belief. It is understood that any false statement(s) on this applications are sufficient cause for rejection or dismissal. I/We understand that as part of the applicants' membership to the fire company, he/she will required to respond to a minimum number of calls per month, attend meetings/drills and other functions, and adhere to the rules and regulations of the Morganville Volunteer Fire Company. Failure to do so will result in disciplinary action, and possible dismissal.

_____ Signature of Applicant	_____ Signature of Applicant's Parent/Legal Guardian
_____ Date	_____ Date

(Parent/Guardian please do not sign until the interview)

Date of Probation:

Active Membership:

Date of Termination: _____

Reason for Termination:

Equipment Given

Awards

Certifications

Additional Comments:
