

BERNARDSVILLE FIRE COMPANY #1 AND FIRST AID SQUAD

"A VOLUNTEER ORGANIZATION"

118 Mine Brook Road
Bernardsville, NJ 07924
(908) 766-6625
www.bernardsvillefire.org

Application for Junior Auxiliary Membership



Name of Applicant: _____ Date of Submission: _____



"A Volunteer Organization"

Bernardsville Fire Company Junior Auxiliary Application

Privacy Notice and EEO Statement. Your signature is required. You are encouraged to make a copy of this completed application for yourself.

The Members of the Bernardsville Fire Company #1 and First Aid Squad believe in protecting the confidentiality and security of the information we receive about you. This notice refers to ALL Members, Committees and Officers of the Bernardsville Fire Company #1 and First Aid Squad by using the terms "us," "we," or "our." This notice describes our privacy policy and describes how we treat the information we receive about you.

Why We Receive and How We Use Information: We receive the initial information via a Preliminary Membership Application and subsequently a Membership Application and Physical Test Record. Please note that Physical Test Records DO NOT apply to applicants for Administrative Membership. The purpose of this application is to permit membership in our organization. This information is used to make sure the applicant is in compliance with the Federal and New Jersey State Statutes and the Bernardsville Fire Company #1 and First Aid Squad Bylaws, Standard Operating Guidelines, Policies and Directives.

How We Receive Information: We get most information from you. The individuals who are assigned to the Membership Committee or the Chief or Captain of the First Aid Squad collect the completed application from you and get forwarded to the Membership Committee. The information that you give us when applying for membership generally provides the information we need. If we need to verify information or need additional information, we may obtain information from third parties. Information collected may relate to your health or other information stated on the application.

How We Protect Information: We treat information in a confidential manner. Our Members, Officers and the Membership Committee are required to protect the confidentiality of information. We assess information only when there is an appropriate reason to do so. We also have safeguards to protect information. All Members, Officers and the Membership Committee are required to comply with our policies.

Information Disclosure: We may disclose any information when we believe it necessary for the operation of our association, or where disclosure is required by law. The application, if in question, may be forwarded to a Physician licensed by the State of New Jersey of the Bernardsville Fire Company's choosing for evaluation (not applicable to applicants for Administrative Membership). We do not make any other disclosures of information to other organizations or companies who may want to sell their products or services to you. We will not sell your name or application information to any organization, corporation, catalog or internet company.

Access to and Correction of Information: Generally, upon written request, we will make available your personal information for your review. Information received in connection with, or in anticipation of, any claim or legal proceeding will not be made available. If you notify us that the information is incorrect, we will review it. If we agree, we will correct our records. This will be included under "disclosure of information."

EEO Statement: The Bernardsville Fire Company is fully committed to Equal Employment Opportunity and to attracting, retaining, and developing volunteers without regard to their race, gender, color, religion, sexual orientation, national origin, age, physical or mental disability, citizenship status, veteran status, genetic information or any other characteristic prohibited by federal, state or local law. We are dedicated to providing an environment free from discrimination and harassment, and where volunteers are treated with respect and dignity. When a conflict occurs, the Fire Company promptly addresses the matter. Should a volunteer feel they have been unfairly treated, they should report the matter to a chief, trustee or the President.

I acknowledge that I have read and understand the above information.

Print Applicant's Name

Applicant's Signature/Date



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Dear Applicant:

Thank you very much for your interest in joining the Bernardsville Fire Company #1 and First Aid Squad, *A Volunteer Organization*. Our members have been serving the Bernardsville Community since 1897. We are a proud organization, rich in history and tradition. Our members are diverse and dedicated in serving the Bernardsville community in such capacities as Firefighters, Emergency Medical Technicians (EMTs) and Administrative Members. As a member, you will experience exceptional training at no expense to you, camaraderie, recreational activities, a family atmosphere and much, much more. Please take the time to read the following and fill out the attached application, along with the optional survey. Thank you once again for your interest in becoming part of the Bernardsville Fire Company #1 and First Aid Squad team.

OBJECTIVES OF THE JUNIOR/PROSPECTIVE MEMBERSHIP PROGRAM

DEFINITIONS

Junior Auxiliary Members are at least 16 years of age, but no older than 18. They show an interest by becoming active on drill nights and Fire Company functions and may attend formal and informal training. They may also obtain volunteer hours as required by his or her place of secondary education. Benefits that would be otherwise provided to full membership are very limited to Junior Auxiliary Members.

Full Members are those who are least eighteen (18) years of age and have had their membership applications approved by the appropriate parties and have been approved by the Membership Committee. The Membership Committee shall use their discretion and holds the right to accept or deny any applicant of the Bernardsville Fire Company and First Aid Squad. All new members serve on a 6 month probationary period, which may be extended up to an additional 6 months.

BY-LAWS, STANDARD OPERATING GUIDELINES, POLICIES AND OTHER GOVERNING AUTHORITIES

All Junior Auxiliary Members and Full Members must conform to and obey all Bylaws, Standard Operating Guidelines, policies and directives of the Bernardsville Fire Company #1 and First Aid Squad or be subject to discipline up to and including termination of this application and dismissal.

All Junior Auxiliary Members and Full Members must conform to and obey all Federal, State and Municipal laws, statutes, regulations and ordinances that govern Fire Companies, First Aid Squads, non-profit and volunteer organizations and the Bernardsville Fire Company #1 and First Aid Squad or be subject to discipline up to and including termination of this application and dismissal.

All Junior Auxiliary Members shall conduct themselves in a professional manor and shall have an exceptional appearance while attending Fire Company functions.

All Junior Auxiliary Members are expected to maintain an acceptable grade average in all courses taken while in school and shall present their current grades to their assigned officer within 14 (fourteen) days of the end of the marking period or quarter.

Junior Auxiliary Members shall not respond to or participate in any emergency situation while school attendance is required.

RULES AND REGULATIONS

All Junior Auxiliary and Full Members are to follow instructions set before them by Fire Company/First Aid Squad personnel providing it is not detrimental to their health or illegal.



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Junior Auxiliary Members will ride apparatus only when authorized by the Chief, EMS Captains or their designees.

At no time may a Junior Auxiliary or Full Members be allowed to respond or participate in any emergency situation: with lights flashing, horn blowing or excessive speeding.

Protective gear shall be worn while participating in a function which requires the use of the equipment.

All Junior Auxiliary Members must leave the firehouse by 9:00 PM (2100) on nights preceding a school day.

No physical violence or destruction of property will be tolerated.

No use of illegal drugs and abuse of illegal and/or prescription drugs will be tolerated.

The Recreation area of the Firehouse is for the use of Full Members only. All others must have permission from the Chief, EMS Captain, President or Trustee.

Junior Auxiliary Members are encouraged to become familiar with equipment on the apparatus; however, permission from the officer of that vehicle should be obtained before any equipment is removed from the apparatus.

Any and all problems should be directed to any of the three Chiefs, EMS Captain or Executive Officer.

MISSION STATEMENT OF THE BERNARDSVILLE FIRE COMPANY

The mission of The Bernardsville Fire Company is to render professional and efficient aid to those in need of assistance. As volunteers, we strive to promote the well being of our Bernardsville community through education, prevention, and service.

MISSION OF THE JUNIOR AUXILIARY PROGRAM

To educate Junior Auxiliary Members in the concepts and training involved in the Fire and other Emergency Services and to prepare them for a future in the Fire and other Emergency Services and Volunteerism, if they so choose.

To aid the Bernardsville Fire Company and/or First Aid Squad in all possible ways, to protect the lives and properties in the Bernardsville community.

I acknowledge that I have read and understand the above information. I will abide by the directives above as a prospective and full member or be subject to discipline, which may include termination from this application process and dismissal from the organization.

Print Applicant's Name

Applicant's Signature/Date



"A Volunteer Organization"

Bernardsville Fire Company Junior Auxiliary Application

Junior Auxiliary Membership Application

Type of Membership for which you are applying (please check one): Firefighter EMT Firefighter/EMT

| Applicant Information | | | | | | | | | | | |
|---|--|------------------------------|------------------------------|---|---|------------------------------|-----------------------------|---|--|------------------------------|-----------------------------|
| Full Name: | | | | | | | Date: | | | | |
| Last | | | First | | | M.I. | | | | | |
| Address: | | | | | | | | | | | |
| Street Address | | | | City, State, Zip Code | | | Apartment/Unit # | | | | |
| Mailing Address (if different from above): | | | | | | | | | | | |
| Home Phone: | | () | | Email Address: | | | | | | | |
| Work Phone: | | () | | Mobile Phone: | | () | | | | | |
| Preferred Method of Contact: | | | | | | | | | | | |
| Date of birth: | | | | Height: | | | | Weight: | | | |
| Are you a citizen of the U.S.? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Are you authorized to live in the U.S.? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Are you authorized to work in the U.S.? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Previous Volunteer Information | | | | | | | | | | | |
| Were you previously a member of the Bernardsville Fire Co. and First Aid Squad? | | | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If Yes, what was the reason for leaving (<i>be specific</i>)? | | | | | | |
| Have you previously been a member of another Fire Company and/or First Aid Squad? | | | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If Yes, where and what dates? | | | | | | |
| Reason(s) for leaving: | | | | | | | | | | | |
| Have you ever applied and been denied membership status to an emergency service organization? | | | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If Yes, please explain (<i>be specific</i>): | | | | | | |
| Do you currently belong to another emergency service organization(s)? | | | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Please list: | | | | | | |



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Education Information

| | | | |
|-----------------------|--|--|------------------------------|
| High School: | | Address: | |
| # of years completed: | | Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/> | Anticipated Graduation Date: |

Parental Consent

I, the undersigned parent/legal guardian _____ (print name of parent/guardian)

Consent to _____ (print name of applicant) proposed membership in the Junior Auxiliary Program, sponsored by the Bernardsville Fire Company #1 and First Aid Squad.

I have read and comply with all of the objectives, definitions and other information in the preceding parts of this application, as well as the Terms of Agreement (below) of the Junior Auxiliary Program. I have reviewed the application of the proposed Junior Auxiliary Member and agree that the application has been completed truthfully and to the best of my knowledge.

Signed: _____ Date: _____

Relationship to Applicant: _____



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Terms of Agreement

Please be sure to read the following statement carefully. Signatures are required.

I acknowledge and accept that this application is preliminary and that I must fill out another application that may require me to reveal the same or similar information. The purpose of the subsequent application is for Bernardsville Fire Company #1 and First Aid Squad Approval, Municipal Approval, Medical Information and Qualification (if applicable) and NJ State Firemen's Association acceptance (if applicable).

I hereby certify that all the information and statements presented in this application are true, complete and correct to the best of my knowledge and are made in good faith. I understand that a full investigation of my background may be conducted. I understand that the Bernardsville Fire Company may ask for names of personal and/or professional references for the purpose of contacting those references as part of a background and character check. I further understand and acknowledge that if I become a Full Member, a prerequisite to Full Membership is a criminal background investigation. Any applicant with a criminal record of a felony may be refused a membership status in the Bernardsville Fire Company. I will not hold any member of the Bernardsville Fire Company responsible for any information revealed, discussed, or presented during an investigation. I acknowledge that before being initiated as a Full Member, I must submit to, and pass, a physical examination conducted by a physician. I understand and acknowledge that upon reaching the age of 18 and if initiated as a Full Member, I am required to complete six months of probation, which could be extended up to an additional six months at the discretion of the Chief of the Fire Company.

As a Junior Auxiliary Member, if initiated as a member of the Bernardsville Fire Company #1 and First Aid Squad, and during the application process, I promise to abide by the objectives and Bylaws, Standard Operating Guidelines, Policies and Directives and to put forth my best efforts to advance the interests of said organization and the public which it serves. I also promise to abide by Federal, State and Municipal laws, regulations and ordinances that govern the Bernardsville Fire Company #1 and First Aid Squad, as well as the Emergency Services and non-profit/volunteer organizations.

I understand and agree that if I have provided any inaccurate, misleading, and/or incomplete information in this application or during the application process of Junior Auxiliary and/or Full Membership, my application for membership at the Bernardsville Fire Company #1 and First Aid Squad may be denied and I may be disqualified from membership. If it is found that I have provided any inaccurate, misleading and/or incomplete information after I have already become a Full Member, I may be dismissed from Bernardsville Fire Company #1 and First Aid Squad and my membership terminated.

By signing below, I agree to these terms.

Applicant Signature: _____ Date: _____

As a Parent/Legal Guardian, I agree to the terms and conditions as stated above for the person whose name is affixed as the applicant on this application.

Parent/Legal Guardian Signature: _____ Date: _____



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**BERNARDSVILLE FIRE COMPANY #1 & FIRST AID SQUAD
PHYSICAL EXAMINATION GUIDELINES**

1. AGE: Must be at least 16 years old.
2. EYES: Must be 20/30 corrected (with glasses, contacts, or surgical procedures).
3. HEARING: Loss of hearing acuity so as to be unable to perceive sounds within normal voice range with or without hearing aid.
4. NOSE: Any significant nasal obstruction to free breathing not subject to correction by surgery.
5. MOUTH: Conditions which impair ability to communicate.
6. NECK: Problems resulting from (a) Goiter; (b) Limited range of motion; which prohibits turning; extension or free movement of the neck; (c) Tracheotomy - existing openings at the lower portion of the neck connecting the windpipe to the outside environment for the purpose of easy breathing.
7. PULMONARY: Problems resulting from loss or removal of lung; (a) any Pulmonary disorder would limit the application ability to perform (b) Pulmonary Functions test below normal (c) Chronic Obstructive Pulmonary Disease/Asthma.
8. RESPIRATORY PROTECTION: Meet the conditions and criteria outlined in OSHA 1910.134.
9. CARDIO PULMONARY SYSTEM: Problems resulting from Heart disease or cardiomegaly.
10. PERIPHERAL VASCULAR SYSTEM: Problems resulting from (a) Varicose veins; (b) Aneurysms; (c) Lymphedema; (d) Thrombophlebitis; (e) Arteriosclerosis Obliterans; (f) Buerger's Disease; (g) Raynaud's Disease; (h) Arterio-Venous Fistula; (i) High Blood Pressure, not able to be corrected or controlled by medication. Acceptable blood pressure reading should be as follows: Systolic not higher than 150 but not lower than 90. Diastolic Maximum should be 100 mmhg, Minimum 50 mmhg.
11. ABDOMEN: Problems resulting from (a) Organomegaly; (b) Signs of tenderness in the area; (c) Presence of masses such as hernias of various types.
12. GENITOURINARY SYSTEM: Problems arising from (a) Presence of abnormal masses; (b) Abnormal discharges from any of the orifices; (c) Active venereal diseases; (d) Parasitic diseases; (e) Varicocele and Varices, (d) Hydrocele.
13. MUSCULO-SKELETAL SYSTEM: Problems arising from (a) Congenital malformation; (b) Limitation of Motion; (c) Weakness; (d) Impairment or absence of one or more of the digits on either or both hands; (e) Impairment of function of the hands; (f) Missing toes if it interferes with ambulation; (g) Deformities of the spine, pelvis or extremities.
14. OTHERS: Problems arising from (a) Disqualification for psychiatric conditions must be determined by local agencies; (b) Allergic conditions which are chronic and incapacitating; © Severe anemia; (d) Active peptic Ulcer; (e) Diabetes; (f) History of epilepsy or seizures other than documented febrile convulsions in childhood; (g) Alcoholism or drug addiction; (h) Removal of vital organs; (l) Any other condition not listed above which would render the incapable of performing their duties as a fireperson, EMT or other type of member.

These medical guidelines are to be followed by a physician licensed in the State of New Jersey when examining an applicant for Membership. Any abnormal findings must be explained in the remarks section of the application. All sections of the physical must be properly filled out or the application will be returned. All conditions listed above will apply to applicants for the Junior Auxiliary Program. It will be up to the discretion of the Bernardsville Fire Company Membership Committee and Executive/Chief Officers, with possible consultation from another physician licensed in the State of New Jersey to determine if some ailments or other medical, psychological and/or physical conditions will disqualify an applicant from Membership status of the Bernardsville Fire Company #1 and First Aid Squad.



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PHYSICAL TEST RECORD
For Junior Auxiliary Members
PLEASE PRINT

NAME _____
FIRST INITIAL LAST SEX

AGE ____ HEIGHT ____ Ft. ____ In. WEIGHT ____ lbs. HEARING _____ BLOOD PRESSURE _____

EYESIGHT: LEFT _____ RIGHT _____ BOTH (CORRECTED) _____
(NUMBERS PLEASE)

HAS APPLICANT ANY 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 member(s).

YES NO (If no, please explain)

HAS APPLICANT EVER SUFFERED FROM INJURY? YES NO IF SO, WHEN? _____

DESCRIBE _____

REMARKS/OR REJECTION IS BASED ON: _____

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 THE DUTIES OF ANOTHER MEMBER.

DATE EXAMINED _____ EXAMINED AT _____
ADDRESS OF OFFICE

PHYSICIAN'S PHONE NUMBER _____

PRINT PHYSICIAN'S NAME _____

SIGNATURE OF PHYSICIAN _____



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BERNARDSVILLE FIRE COMPANY #1 AND FIRST AID SQUAD
ADDENDUM TO APPLICATION FOR JUNIOR AUXILIARY MEMBERSHIP

Hepatitis B Vaccination

The applicant, whose name is printed below, has elected to participate in a three (3) part series of Hepatitis B vaccinations. The applicant has received part one of this three (3) part series on _____ Date.

Print Physician's Name

Physician's Signature

The applicant, whose name is printed below, understands that s/he must complete the three (3) Hepatitis B vaccinations in the scheduled timeframe set forth by the physician providing the vaccinations. The applicant understands that s/he will receive a certificate of completion from the administering physician upon completion of the three (3) vaccinations. The applicant understands that the three (3) Hepatitis B vaccinations are at no cost to the applicant.

Print Applicant's Name

Applicant's Signature

Print Parent/Legal Guardian's Name

Parent/Legal Guardian's Signature

If the applicant has declined the Hepatitis B Vaccination, a Declination Form must be attached to this application.

Respiratory Protection

The applicant _____ (print name of applicant) has passed the Respiratory Protection Screening, as per OSHA 1910.134.

YES NO (If no, please explain)

Print Physician's Name

Physician's Signature/Date



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BERNARDSVILLE FIRE COMPANY #1 AND FIRST AID SQUAD

**MEMBER/APPLICANT HEPATITIS VACCINATION
DECLINATION FORM**

Declination Statement

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to me; however, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine I continue to be at risk of acquiring hepatitis B, a serious disease. If, in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

PRINT MEMBER/APPLICANT NAME

SIGNATURE OF MEMBER/APPLICANT

Date: ____/____/____
MM DD YYYY

If the individual above is under the age of eighteen (18) years of age, a parent or legal guardian must consent to this Declination by signing below. Documentation proving legal guardianship is required.

PRINT PARENT/LEGAL GUARDIAN NAME

SIGNATURE OF PARENT/LEGAL GUARDIAN

Date: ____/____/____
MM DD YYYY

WITNESSED BY:

PRINT WITNESS NAME

SIGNATURE OF WITNESS

Date: ____/____/____
MM DD YYYY

**Return to:
Bernardsville Fire Company #1 and First Aid Squad
Membership Committee
P.O. Box 745
Bernardsville, NJ 07924-0745**



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BERNARDSVILLE FIRE COMPANY #1 AND FIRST AID SQUAD

MEMBER/APPLICANT AUTHORIZATION FORM
FOR USE AND DISCLOSURE OF PROTECTED AND PRIVATE INFORMATION

| Member/Applicant Information | | | | | |
|------------------------------|-----|------------------------------|--|-------------|-------------------------|
| Full Name: | | | | Date: | |
| <i>Last</i> | | <i>First</i> | | <i>M.I.</i> | |
| Address: | | | | | |
| <i>Street Address</i> | | <i>City, State, Zip Code</i> | | | <i>Apartment/Unit #</i> |
| Daytime Phone: | () | Email Address: | | | |
| SSN: | | Date of Birth: | | | |

By providing the information below and signing this forms, I authorize the Bernardsville Fire Company and First Aid Squad #1 to release and/or disclose my protected and private information. Further, I understand that health information from the Fire Company can be provided to me but is otherwise "protected health information" pursuant to the Privacy Rule of the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act (HIPAA) of 1996.

I submit this form voluntarily to document my wishes regarding the use and/or disclosure of the information described below.

1. Description of information I authorize to be used or disclosed. The following is a specific description of the information I authorize to be used and/or disclosed:

2. I authorize my protected and private information to be used and/or disclosed for the following specific purposes:



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3. I authorize the following person (s) or organizations to receive my information from the Bernardsville Fire Company and First Aid Squad #1 and to use or disclose such information for the purposes listed above. I understand that some or all of the information may no longer be protected by federal privacy standards.

| | |
|-----------------|--|
| Name of Person: | |
|-----------------|--|

4. Expiration of Authorization. Upon release of the information described above, this authorization request will expire. Any future requests to release and/or disclose protected and private information will require a new *Member/Applicant Authorization Form*.

MEMBER/APPLICANT'S SIGNATURE

I have had an opportunity to review and understand the contents of this form. **I have signed this form voluntarily and confirm that it accurately reflects my wishes regarding the use and/or disclosure of this information.**

MEMBER/APPLICANT'S SIGNATURE _____ Date: ____/____/____
MM DD YYYY

If signed by a personal representative or parent/legal guardian if under the age of eighteen (18), complete the following:

| | |
|----------------------------------|--|
| Name of Personal Representative: | |
|----------------------------------|--|

| |
|--|
| Relationship to Member or Applicant or Nature of Authority (e.g., health care power of attorney, guardian, parent, legal guardian, or other legal authorization – A copy of documentation must be attached.): |
|--|

| | |
|----------|--|
| Address: | |
|----------|--|

| | | | |
|---------------------------|-----|--------|--|
| Daytime Telephone Number: | () | Email: | |
|---------------------------|-----|--------|--|

SIGNATURE OF PERSONAL REPRESENTATIVE Date: ____/____/____
MM DD YYYY

**Return to:
Bernardsville Fire Company #1 and First Aid Squad
Membership Committee
P.O. Box 745
Bernardsville, NJ 07924-0745**



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Optional Survey

The purpose of this optional survey is for the Membership Committee to ascertain the knowledge, skills and abilities that individuals can bring to the Bernardsville Fire Company. The answers to these questions and statements will not be reason to block an applicant from becoming a member at the Bernardsville Fire Company. Rather, it is a way to assign members to committees and other tasks associated with the operations of the Bernardsville Fire Company. If you use space at the end of this survey, please annotate with the question number. Use the back of this page for more space.

1) How did you hear about the Bernardsville Fire Company and First Aid Squad?

2) Why do you want to join?

3) Do you have any previous firefighting, EMS, First Aid, CPR, HAZMAT or other kind of rescue experience?

Yes No

If yes, please list organizations, dates, and any offices held:

4) List all emergency services training you have attended (it would help us if you provide certificates):

5) Are you proficient in Microsoft or other technical/computer and/or mass media applications?

Yes No

If yes, please specify:

6) Please describe any hobbies you may have: For example, running, individual or team sports, weight lifting, reading, writing, etc.

7) What are your educational goals after high school (if any)?

8) What are your occupational goals (if any)?