

BERNARDSVILLE FIRE COMPANY #1 AND FIRST AID SQUAD

"A VOLUNTEER ORGANIZATION"

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

Preliminary Application for Membership FIREFIGHTERS, EMT'S AND ADMINISTRATIVE



Name of Applicant: _____ Date of Submission: _____



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Bernardsville Fire Company Preliminary 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 Pre-application Qualification Screening (for the background investigation), 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, understand and agree with 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 FULL MEMBERSHIP

DEFINITIONS

Prospective Members are those who have shown an interest in joining the Bernardsville Fire Company and/or First Aid Squad. They have completed a preliminary application and attend Fire Company drills, meetings and functions. Typically, these individuals intend to have a full membership status pending completion of the application process. Benefits that would be otherwise provided to full membership are very limited to prospective members.

Full Members are those who 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 an additional 6 months.

Administrative Members are Full Members who cannot meet the full time requirements for Fire or First Aid membership. This is a person who possesses a special skill or talent which will enhance/benefit the Bernardsville Fire Company. The Administrative members will be appointed on a yearly basis. Their contribution will be evaluated and may be reappointed based on the recommendation of the President and the Trustees. The Fire Company will vote on the candidate or their reappointment. A 2/3 majority vote is required. The Administrative membership will not include all the benefits of a Firefighter and EMT members. Administrative Members also serve on a 6 month probationary period, which may be extended an additional 6 months.

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

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

RULES AND REGULATIONS

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

At no time may a Prospective Member or Full Member 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.

No physical violence or destruction of property will be tolerated.

No use of illegal drugs and underage alcohol 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 a trustee.

Prospective 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.

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



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Preliminary Membership Application

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

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>				
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 or volunteer 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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Terms of Agreement

Please be sure to read the following statement carefully. Your signature is 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, unless I am applying for Administrative Membership. I acknowledge that if I become an Administrative Member, I am not afforded the full benefits of a Firefighter or EMT. As an Administrative Member, I understand that I may not vote in elections or hold executive or line officer positions. I also acknowledge, as an Administrative Member, my membership is on an annual appointment, which expires on December 31 of each year, but may be extended on an annual basis for the subsequent year. I understand that, 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.

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 and/or during the application process, 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 Name: _____

Applicant Signature: _____ Date: _____



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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) Are you a certified trainer in firefighting, rescue, EMS, CPR, HAZMAT, etc?

Yes No

If yes, please specify:

5) Do you hold a commercial driver's license (CDL)?

Yes No

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

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

Yes No

If yes, please specify:

8) Please describe your professional and/or work related experience (e.g. plumbing, finance, marketing, grant writing):



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9) Please describe any professional licenses and/or certifications you may have (e.g. CPA, JD, MD, RN, LPN, etc.):

10) Please describe any college degrees, trade school certifications, major coursework, etc.