

Supplemental Application for Membership



BERNARDSVILLE FIRE COMPANY #1

&

FIRST AID SQUAD

P.O. Box 745 ~ 118 Minebrook Road

Bernardsville, New Jersey 07924

(908) 766-6625

www.bernardsvillefire.org

"A Volunteer Organization"

THIS NOTICE IS FOR YOUR INFORMATION, YOUR SIGNATURE IS REQUIRED.*

Privacy Notice to our Applicants for any type of Membership. Please review it carefully.

The Bernardsville Fire Company #1 and First Aid Squad and each Member, Line Officers, the Membership Committee and the Executive Officers strongly believe in protecting the confidentiality and security of the information we receive about you. This notice refers ALL Members, Committees and Officers to 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 Junior/Prospective Membership Application and subsequently a Membership Application and Physical Test Record. 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 our By-Laws.

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 gets forwarded to the Chairperson and/or Co-Chairperson of 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 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. 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.”

PLEASE RETAIN - DO NOT RETURN TO THE MEMBERSHIP COMMITTEE

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Bernardsville Fire Company #1 and First Aid Squad
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Dear Prospective Member:

Thank you very much for your interest in joining the Bernardsville Fire Company #1 and First Aid Squad. 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, 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

Prospective Members are those who are at or over the age of 18 and show an interest in joining the Bernardsville Fire Company and/or First Aid Squad by becoming active on drill nights. Prospective members may attend formal and informal training and have a membership application pending approval from the appropriate parties.

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 may attend formal and informal training. They may also be obtaining volunteer hours as required by his or her place of secondary education.

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 and are required to pay a \$20 initiation fee.

BY-LAWS

All Prospective and Junior Auxiliary Members must conform to and obey all rules, regulations, directives and policies of the Bernardsville Fire Company #1 and First Aid Squad.

All Prospective and 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 Prospective and Junior Auxiliary 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.

Prospective and Junior Auxiliary Members will ride apparatus only when authorized by the Chief or his designee.

No Prospective or Junior Auxiliary Members is 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 9:00pm (2100) on nights preceding a school day.

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.

A Member who does not abide by the rules, regulations, directives, policies and by-laws set forth by the Bernardsville Fire Company and First Aid Squad is subject to dismissal.

Prospective and 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/PROSPECTIVE MEMBERSHIP PROGRAM

To educate the Prospective and 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.

**PLEASE READ AND PROVIDE A SIGNATURE ON THE APPLICATION PAGE STATING YOU HAVE
READ AND UNDERSTAND THESE GUIDELINES**

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MEMBERSHIP APPLICATION

(Please Print)

Full Name: _____

Date of Birth: ____/____/____ Height: _____ Weight: _____

Address: _____

Mailing Address (if different from above): _____

Home Phone: (____) _____ Mobile Phone: (____) _____

E-Mail: _____

Type of Membership (check one): Firefighter [] EMT [] Firefighter/EMT [] Administrative []

Are you a citizen of the United States of America? Yes [] No []

If no, please specify country of citizenship: _____

Are you authorized to live in the U.S.? Yes [] No [] – Are you authorized to work in the U.S.? Yes [] No []

Current Employer: _____

Occupation: _____ Normal Work Hours: _____

Employer's Address: _____

Have you ever applied to another volunteer emergency service and been denied? Yes [] No []

If yes, please explain: _____

PARENTAL CONSENT

Only Applicable to Junior Auxiliary Member Applicants

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

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

We have read and comply with the objectives of the Junior Auxiliary and Prospective Member Programs. We 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: _____

DISCLAIMER

I acknowledge that I must fill out another application that may require me to reveal the same or similar information. The purpose of that application is for Municipal Approval, Medical Clearance (if applicable) and NJ State Firemen’s Association acceptance (if applicable).

I hereby certify that all the information presented in this application is true, complete and correct to the best of my knowledge and are made in good faith. I understand that if my application is incomplete, it may be rejected. I understand and acknowledge that if I have knowingly provided false or misleading information on this application, I may be subject to immediate dismissal. I understand that the Bernardsville Fire Company may conduct a full investigation of my background and further understand and acknowledge that if I am a Junior Auxiliary applicant, upon attaining the age of 18, I will be transferred to Probation Membership. I further acknowledge that a prerequisite to Probationary Membership is a criminal background investigation. Any applicant with a criminal record of a felony may be refused a membership 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 this investigation. I acknowledge that before being voted on, I must submit to, and pass, a physical examination conducted by a physician. If elected, I promise to abide by the objectives and by-laws and to put forth my best efforts to advance the interests of said organization and the public which it serves.

WARNING: The Bernardsville Fire Company #1 and First Aid Squad may disqualify any applicant who makes a false statement of any material fact. If the false statement of any material fact of this application is found at any time after the applicant becomes a full member, the penalties may include dismissal of the member from the Bernardsville Fire Company #1 and First Aid Squad.

Applicant Signature: _____ Date: _____

-----DO NOT WRITE BELOW THIS LINE-----

Membership: Approved___ Denied___ Date: ____/____/____ Interview Date: _____

Reason for Denial: _____

Passed Criminal Investigation: Yes [] No []

Accepted by the N.J. State Firemen’s Association? Yes [] No [] Does Not Apply []

Passed Physical Examination: Yes [] No [] Does Not Apply []

Probation Begins: _____ Ends: _____

Probation Extended: Yes [] No [] If Yes, Date Probation is Extended: ____/____/____

Reason for Extension: _____

Membership Committee Approval: _____
(Signature of Chairperson)

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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.

1) Do you have any previous firefighting, EMS, HAZMAT or other kind of rescue experience? Yes [] No []

If yes, please list organizations, dates, reason for leaving, references with phone numbers and any offices held:

2) List all emergency services training you have attended (attach copies of all certificates): _____

3) Are you a certified trainer in EMS, First Responder, CPR, rescue, firefighting training, HAZMAT, etc.? Yes [] No []

If Yes, Please Specify _____

4) Do you hold a Commercial Driver's License? Yes [] No []

5) Are you proficient in Microsoft Applications (i.e., Word, PowerPoint, Excel)? Yes [] No []

Please describe other computer skills that you possess: _____

6) Please describe any business experience you have (i.e., Marketing, Advertising, Human Resources, Accounting, and Finance): _____

7) Please describe any professional licenses and/or certifications you may have (e.g., M.D., J.D., CPA, RN, etc.)

8) Please describe any technical skills you may have (e.g. Plumbing, Electrical, Mason, Contracting, etc.)

9) Please describe any college degrees you may have and your major coursework (e.g. B.A. in English, MBA in Finance, etc.)
