

WILDWOOD CREST FIRE COMPANY NO. 1
7100 Pacific Avenue
Wildwood Crest, NJ 08260

Dear Applicant:

We welcome your application for membership in the Wildwood Crest Fire Company No. 1.

Our membership is limited to 45 active members. As positions become open, applications will be considered in the order that they were received.

Attached is a four-page application form which must be filled out completely, signed and notarized.

The first page lists important requirements which all members must adhere to. Please sign on the appropriate line to indicate that you have read and understand the listed requirements.

The second page is a WAIVER OF RIGHTS form allowing the Fire Company to have a reasonable background check performed, as outlined on the form.

As I'm sure you understand, the Fire Department serves and deals directly with the public. It therefore must insure that all members conduct themselves with the highest integrity. It is for this reason that individuals who apply for membership must be subject to reasonable scrutiny prior to obtaining membership.

The third and fourth pages require you to list information about yourself. This information, including questions pertaining to health, will become a permanent record of the Fire Company.

A physical examination will be required and new members, upon acceptance into the Fire Company, will be required to apply for membership in the New Jersey State Firemen's Association and will be subject to the State Association's physical requirements.

Please return your completed, signed and notarized application to my attention.

Thank you for your interest.

Sincerely,

Robert Bethel
Secretary

**WILDWOOD CREST FIRE COMPANY NO. 1
MEMBERSHIP APPLICATION**

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BASIC REQUIREMENTS FOR MEMBERSHIP

1. Applicants **MUST** be at least 18 years of age and not more than 55 years of age.
2. Members **MUST** reside no more than 5 driving miles from the borough of Wildwood Crest. Proof of residency must be provided upon request.
3. Members **MUST** hold a valid New Jersey Driver's License.

Non-compliance with requirements with requirements 1, 2 and 3 will prohibit acceptance of an applicant.

4. Members must attend fifty percent (50%) of all fires and drills. Drills are held the First and Fourth Mondays of every month, except July and August, beginning at 7:00 p.m.
5. Members must attend seven (7) of the ten (10) regular monthly meeting. Regular monthly meetings are held on the third (3rd) Wednesday of each month, except July and August, beginning at 8:00 p.m.
6. New members must have, or obtain within one year, a Firefighter I Certificate from the Cape May County Fire Training Academy or other accredited fire training school.

Non-compliance with requirements 2 through 6 may result in loss of membership of any member.

I have read and understand the above requirements and certify that I presently comply with requirements 1, 2 and 3.

Applicant: _____ Date: _____

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AUTHORITY TO RELEASE INFORMATION

To Whom It May Concern:

I hereby authorize the Membership Committee of the Wildwood Crest Fire Company No. 1, bearing this release, permission to conduct a personnel background check, which I understand will include any information held in my personnel and training files from current or previous organizations and/or employers.

I further authorize the Wildwood Crest Police Department to conduct a criminal background check as well as a motor vehicle driver's license check.

This release is granted with full knowledge and understanding that information is for official use of the Wildwood Crest Fire Company No. 1, and furthermore, that it may be used to terminate this application.

I understand that none of the information obtained by the Fire Company will be released to any other individual or agency without my consent.

I hereby release you, as custodian of such records, from any liability or damages of any kind resulting as any time because of compliance with this authorization. If there are any questions as to the validity of this release, you may contact me.

FULL NAME – PLEASE PRINT

SIGNATURE _____

DATE OF BIRTH _____ SOCIAL SECURITY NO. _____

NEW JERSEY DRIVER'S LICENSE NO. _____

CURRENT ADDRESS _____

TELEPHONE NO. _____

WITNESS AUTHORIZATION _____

DATE OF AUTHORIZATION _____

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Please PRINT clearly:

Name: _____
 (last) (first) (middle)

Address: _____
(Applicant MUST reside within 5 driving miles of the Borough of Wildwood Crest.)

Date of Birth: _____
(Applicant must be at least 18 years of age and not over 55 years of age.)

Social Security No.: _____

Phone No.: - home: _____ work: _____ cell: _____

Occupation: _____ Work Hours: _____ to _____

Employer Name: _____
Address: _____
Contact Person: _____ Phone: _____

New Jersey Driver's License No.: _____

Are your driving privileges presently revoked? YES NO

Have your driving privileges ever been revoked? YES NO

If YES to either of above, explain: _____

Health: EXCELLENT GOOD FAIR POOR

Blood Type: _____

Do you have any physical limitations which would restrict your ability to perform the duties of a firefighter? YES NO

If Yes, explain: _____

List Pertinent Medication and Medical Conditions: _____

Completion of Physical Examination Form is required.

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EMERGENCY CONTACT INFORMATION: In the Event of an Emergency, Notify:

1st CONTACT: Name: _____ Relationship: _____
Address: _____
Phone: (H) _____ (W) _____
2nd CONTACT: Name: _____ Relationship: _____
Address: _____
Phone: (H) _____ (W) _____

Have You Ever Been Arrested? YES NO
Do You Have A Criminal Record? YES NO

If YES to either, provide an explanation: _____

List Any Fire Service Experience and Training:

Fire Dept.(s): _____ Fire Chief(s): _____

Fire/EMS Course	Location/Academy	Month/Year	Completed	
			Yes	No
_____	_____	_____	Yes	No
_____	_____	_____	Yes	No

If Insufficient Room To List Training, Attach Separate Sheet.

The success of the Wildwood Crest Fire Company depends heavily on participation by ALL members in its fund-raising activities. Are you prepared to participate in the on-going fund-raising activities conducted by the Wildwood Crest Fire Company?

YES NO If NO, explain: _____

Many Administrative functions of the Wildwood Crest Fire Company are carried on by committees appointed by the president. In order to be successful, ALL members are required to serve on several committees. Are you prepared to serve on committees that you will be appointed to?

YES NO If NO, explain: _____

RE-READ THIS APPLICATION AND YOUR ANSWERS CAREFULLY BEFORE SIGNING BELOW:

I CERTIFY THAT THE STATEMENTS MADE BY ME ON THIS APPLICATION ARE TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND ARE MADE IN GOOD FAITH. I UNDERSTAND THAT IF I HAVE KNOWINGLY MADE A MISSTATEMENT OF THESE FACTS, I AM SUBJECT TO REJECTION AND/OR REMOVAL AS A MEMBER OF THE FIRE COMPANY.

Applicant: _____

NOTARY SEAL

Date of Application: _____

Notary Signature: _____