TABERNACLE FIRE COMPANY
MEMBERSHIP APPLICATION

Name: ________________________________
Dear Applicant:

Thank you for applying for membership to Tabernacle Fire Company.

The following steps have been established to assist you in the timely completion of a membership application.

1. Complete the Membership Application Form. Return to the Tabernacle Township Municipal Building, 163 Carranza Road, Tabernacle, NJ. **Be sure to include a copy of your Driver’s License.**

2. Sign and date the Authorization for Release of Information form. This form must be notarized. Return with the Membership Application form as explained above.

3. Your application will be checked for completeness and your name forwarded to the Recruit & Retention Officer. He/she will contact you to schedule your orientation. At this time, the Department’s participation requirements will be explained to you.

4. Upon returning the application to the Tabernacle Township Municipal Building you will be required to complete the NJ State Firemen’s Association Form, and to bring that form to your physical.

5. In the interim, a Driver’s License Check will be conducted to determine your eligibility with the Department and arrangements will be made with the New Jersey State Police, Red Lion Barracks to have you fingerprinted for a Criminal History Check.

6. Following your orientation and the results of both records checks, a Tabernacle Township representative will contact you to arrange a pre-placement physical examination, which includes drug screening.

7. Once you pass the doctor’s physical, the Member Support Officer will contact you to schedule the appropriate agility test to be given at our station or the Burlington County Emergency Services Training Center.

8. Upon successful completion of the agility test, your application will be presented to the Fire Chief and Township Committee for formal approval.

9. After the Fire Chief and Township Committee approves your application for membership, the Township representative or Member Support Officer will notify you and advise you of the date for your Recruit Indoctrination as a Provisional member. At this time, the Member Support Officer will complete the indoctrination process and issue the necessary uniform components, personal protective equipment, and paging equipment to you.

10. Should you have any questions regarding this application process, please contact the Tabernacle Township Municipal Building at (609) 268-1220 x115 Monday through Friday, 8:00 a.m. to 4:00 p.m.
Dear Prospective Member:

Welcome and thank you for your interest in becoming a volunteer with Tabernacle Fire Company. We are a volunteer department whose mission is “To Provide the Best Possible Fire Protection Service” to the 7,000+ residents, visitors, and workers of Tabernacle Township. This mission is accomplished through the dedication and hard work of the select group of residents who sacrifice their time and energy to protect, help and serve their neighbors. While volunteering with Tabernacle Fire Company may provide some of the most fun, challenging, and rewarding experiences of your life, the commitment you are making is not one to be taken lightly. While your fellow volunteers will be depending on you to pull your weight as part of the team, the citizens of the township will be depending on you to protect and save their lives.

Tabernacle Fire Company is excited at the prospect of having you join and become part of our family, but only ask that you are sure of your commitment to fulfill the expectations of volunteer member.

**Expectations of a Firefighter**

- Be at least 18 years old.
- Must satisfactorily complete a medical examination as performed by the Fire Department physician including drug testing.
- Possess a valid New Jersey State driver’s license and maintain a good driving record.
- Have not been convicted of a crime.
- Conform to the Department’s uniform policy. This always includes appearing neat and well groomed, with hair maintained to an appropriate length (safety) and no offensive tattoos visible. Dangling earrings, tongue piercings, visible body jewelry and bracelets are not permitted to be worn while volunteering due to safety concerns.
- Dedicate the minimum required amount of time to remain as an active member in good standing as defined in departmental SOPs.
- Attend a Firefighter 1 Certification class with a minimum of 160 hours. Class will run 2 nights per week, 4 hours per night for one full college semester. (Aug.- Dec. or Jan.-May) Alternative classes are offered every other weekend for 8 hours per day.
- Perform the job functions of a firefighter in a professional and responsible manner that reflects positively on the department and the township alike. This includes calls, trainings, and always when a member is in uniform.

While becoming a volunteer member with Tabernacle Fire Company can be a large time commitment, the rewards of serving the community where you live are plentiful. However, please remember becoming a volunteer requires a considerable investment of the tax-payers money for your medical examination, turnout gear, equipment, etc. If you are confident decision to commit to the time and hard work required, the department is excited to make that investment in you and help you learn the skills needed to succeed in this field. The last thing anyone wants is to see you fail to have the time or lose interest and end up letting down your fellow members or the citizens of the township by quitting. However, if you are not truly committed, or unsure of your decision, Tabernacle Fire Company would urge you to take some time and fully evaluate the decision to join the department. Any questions or guidance you need in making the decision can be directed to the contact below:

Chief Keith Zane
kzane@townshipoftabernacle-nj.gov
TABERNACLE FIRE COMPANY VOLUNTEER MEMBERSHIP APPLICATION
(PLEASE FILL OUT APPLICATION IN BLUE INK)

Name: 

(Last) (First) (M.I.) (Suffix- Jr., Sr., II, III, IV, etc.)

Address: 

Home Phone: Work Phone: Ext. 

Cell Phone: 

Email Address: 

How long have you been a Township resident? 

If you have resided at this address for less than one year, please supply previous address:

Social Security Number: 

Driver’s License Number: Exp. 

Employer: 

Employer Address: 

Your Occupation: 

Do you belong to any other community groups? ( ) Yes ( ) No 

If yes, please give details: 

Are you currently certified in Cardiopulmonary Resuscitation (CPR)? ( ) Yes ( ) No (If yes, Provide copy of CPR card).
PREVIOUS EMERGENCY SERVICES EXPERIENCE:

Do you have any previous firefighting or EMS experience? ( ) Yes ( ) No
If yes, where, for how long, immediate Supervisor name: ____________________________

Do you have any specialized training and/or experience? ( ) Yes ( ) No
If yes, please describe: ________________________________

**** If you are an EMT please provide a copy of your Basic EMT certification.
**** If you are a certified firefighter please provide a copy of you Firefighter 1 certification.

Did you serve as an officer, if so what position(s)? ________________________________

Did you achieve any specialized training/skills? If so, please describe: ________________

Were you qualified to operate apparatus or specialized tools? If so, please describe:

Do you speak any foreign languages? If so, please describe the language and to what level you speak and understand it. ________________________________

Have you been inoculated for protection against Hepatitis “B” virus? ________________

How did you learn about volunteer opportunities with Tabernacle Fire Company, Recruitment Drive, Current Member, Advertisement? ________________________________
**** Applicants with previous emergency services training and/or experience, please provide copies of any certifications you may hold. Ex – (FF 1, EMT, CPR, Incident Command I-100, I-200, I-700, etc.)

The information that I have supplied is both truthful and accurate to the best of my knowledge. I have provided copies of any training records where copies are requested in the application. I understand that willfully supplying inaccurate information may result in my application being rejected.

Tabernacle Fire Company reserves the right to contact other Fire-EMS agencies listed as experience to verify prior membership and certifications.

_________________________________  __________________________________
Date                              Applicant’s Signature
TABERNACLE FIRE COMPANY
Personnel Directory Update

This form must be filled out completely by the applicant.

Date: ____________________________________________

Name: ______________________________________________________________________________________

Religion: ___________________ Blood Type: _________ Allergies: ______________________

Medications: __________________________________________________________________________________

Physician: ____________________ Phone: ______________________________________________________________

Special Medical Information: _____________________________________________________________________

EMERGENCY CONTACTS:

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Indicate type = Home, Cell, pager, work, etc.  Please check last column if number is non-published.

UNIFORM SIZES:

Shoes: ____________ Shirt/Sweatshirt (S, M, L etc.): ______________________

Pants: W_________L_________ or Women’s Size_________ Coat (Chest Size)________

Long Sleeve shirt: Neck _______ Sleeve or Women’s Size (34, 36, etc.) __________

Short Sleeve Shirt (S, M, L, etc.): __________________________________________
AUTHORIZATION FOR RELEASE OF INFORMATION

Name: ____________________________

(Last) (First) (M.I.) (Suffix Jr., Sr., II, III, IV, etc.)

Address: ____________________________

Home Phone: ______________ Work Phone: ___________ Ext. __________

Cell Phone: ____________________________

Email Address: ____________________________

Social Security Number: ____________________________

Driver’s License Number: ____________________________

To all law enforcement agencies, police departments, motor vehicle departments, probation departments, selective service Fire Chief and Township Committees, physicians, hospitals and other institutions and agencies without exception:

I, ____________________________, am making application for appointment to or employment by the Tabernacle Fire Company which is under the jurisdiction of The Township of Tabernacle. As part of that application an investigation is being conducted to determine my eligibility.

You are authorized and directed to release to The Township of Tabernacle, as well as its officer representatives, any information and documentation they may request.

If I am hired/appointed by the Township for the Fire Company, this authorization shall be effective so long as I am a member of said Department, unless sooner revoked by me in writing; you may rely upon the written certification of the Fire Chief or other officer of the Department to the effect that this authorization is still in effect and of my continuing employment.

A photo static copy of this authorization will be considered as effective as the original.

Applicant’s Signature: ____________________________

Signed and Sworn before me on ____________________________

Signature of Notary Public

Tabernacle Fire Company Membership Application
Tabernacle Fire Company
Personnel Accountability Tag Data Form

This information is utilized to create a Personnel Accountability Tag on your behalf.

**PERSONAL INFORMATION**

First Name: ____________________________________________

Middle Name: __________________________________________

Last Name: _____________________________________________

Address: ______________________________________________

Telephone No. __________________________________________

Social Security Number: _________________________________

Driver License Number: _________________________________

Height: _______________________________________________

Weight: _______________________________________________

Eye Color: _____________________________________________

Hair Color: ____________________________________________

Primary Beneficiary: ____________________________________

Religion: ______________________________________________

Title: ____________________________ Firefighter
MEDICAL INFORMATION

Past Medical History: ____________________________________________________________

Medication: ________________________________________________________________

Allergies: ________________________________________________________________

Blood Type: ______________________________________________________________

Organ Donor: ______________________________________________________________

Physician’s Name: __________________________________________________________

Physician’s Telephone No: __________________________________________________

Physician’s Address: ________________________________________________________

Telephone No: _____________________________________________________________

Emergency Information: ______________________________________________________

Emergency Contact #1: ______________________________________________________

Phone: ________________________________________________________________

Emergency Contact #2: ______________________________________________________

Phone: ________________________________________________________________

Please list any individual you wish to accompany departmental personnel during emergency notifications. (Friend, relative, clergy, etc.)

Name ________________________________________________________________

Address ______________________________________________________________

Telephone #: ___________________________________________________________