

Villas Volunteer Fire Company

Application for Membership

Part 1

In accordance with Lower Township ordinance Chapter 39:

§ 39-4. Qualifications for membership. [Amended by Ord. No. 81-17; Ord. No. 85-5; 2-17-2021 by Ord. No. 2021-02] No person shall hereafter become a member of any fire department of any volunteer fire company or department or any unit thereof within the confines of the Township of Lower, unless above the age of 18 and not over the age of 45, a citizen of the United States, and a resident of the Township of Lower, Cape May County, New Jersey, or a resident of a municipality located immediately adjacent to the Township of Lower, subject to the approval of the appropriate fire district, for upwards of one year. He/she shall be physically fit to perform the duties of a fireman evidenced by a certificate to that effect by a practicing physician of the State of New Jersey, after physical examination for that purpose.

Part 2

Name: _____

Address: _____ Phone Number: _____

Date of Birth: ____/____/____ Age: _____

Driver's License #: _____ EXP. Date: _____ Class _____

SSN: _____

Hometown: _____

Are you currently in the military? Yes No

If yes, a letter of permission to the Chief from your commanding officer giving permission to be a member is required.

Married Single

Spouse's full maiden name: _____

Employer's Name: _____ Supervisor's Name: _____

Employer's Phone Number: _____

How long have you been employed there? _____years _____months

Last employed by:_____ Address:_____

Other organizations you belong to:_____

Part 3

Have you ever been arrested? Yes No

If yes, please explain:

Do you live in Fire Dist. #1 Villas Fire Dept. coverage area? Yes No

How long have you lived in the township: _____years _____months

Are you a registered voter in Lower Township: Yes No

Do you understand all the following requirements? Failure to comply with any during your one (1) year probation term means you are subject to dismissal.

1. You must maintain 60% of fire, meeting and drills.
2. If you miss 3 consecutive meetings, drills or other fire related duties you are also subject to dismissal.

Please read the following carefully

I understand all of the above statements and requirements and agree that all of the answers and statements are correct to the best of my knowledge. I do further authorize the Chief of the Department, the Chairman of the Membership Committee or both of them together to investigate my application.

Signature of Applicant:_____ Date:_____

Print Name:_____

Investigated by:_____

Chief of Dept.:_____

Part 4

Candidate must contact the Chief of the Department for the medical questionnaire to be completed.

Candidate will be scheduled for a medical examination by a physician designated by the Villas Volunteer Fire Company, Inc.

Candidate will subject to background check conducted by Lower Township Police Department.

All new candidates will be subject to drug screening.

Part 5

1. Membership application to the New Jersey State Fireman's Association.
 - a. Must complete and pass the association physical examination set forth by the standard of the association.
 - b. Will be submitted when Senior Line Officers see fit to enter firefighter to the NJ State Association.

Do you understand all the requirements set forth in this process? If so, print and sign your name.

(print or type)

(signature)