



West Windsor Volunteer Fire Co., #1 Inc.
153 South Mill Road
West Windsor, New Jersey 08550

Dear Applicant,

Thank you for your interest in the West Windsor Volunteer Fire Company. You have chosen to become part of a truly great organization. I would like to take a moment to briefly explain our application and membership process.

Once you have completed the application, including your physician's statement of health, you may either mail it or return it to the firehouse. If you have previous firefighting experience, include copies of all certifications with your application and list them inside your application.


Your completed application will be submitted to the full membership at the next meeting, and an interview with the Membership Review Committee will be scheduled. Upon the approval of the Membership Review Committee, you will be sworn in at the next monthly meeting.

As a junior member, your activities will be limited on the fire ground to have completed firefighter I (unless previously completed). This is a 120-hour program held at a local fire academy, which will provide you the basics of firefighting. This must be completed within one year of joining.

The requirements during your first year are 10 company drills and 10 monthly meetings. You will be considered a junior member until you turn 18.

Again, I would like to thank you for your interest in the West Windsor volunteer fire company. I hope this letter has given you an idea of how the application process works and some of the requirements of membership. I look forward to meeting with you, as well as working with you in the future. If you have any questions regarding the application, its process, or for the fire company in general, please do not hesitate to contact me at JackDemouth95@gmail.com.

Regards,



Jack S. Demouth
Membership Review Chairman

West Windsor Volunteer Fire Co # 1
153 South Mill Road
West Windsor, NJ 08550

Application for Junior Membership

Date of Application: _____

Personal Information:

Name: _____ Birthdate: _____ Age: _____
Last First M.I.

Address: _____
Street City State Zip

Resident of West Windsor for _____ Years S/S #: _____ Blood Type: _____

Home Phone: _____ Cell Phone: _____ Email: _____

School: _____

Emergency Contact Information:

Name: _____ Telephone: _____
Last First M.I. Home Other

Address: _____
Street City

Driving Record:

Do you hold a valid NJ Drivers License? _____ Type: Operators Chauffeurs CDL
License #: _____

Have you been ticketed in the last 3 years? Yes No Number of Tickets: _____

Applicant's Agreement:

Should my membership to the West Windsor Volunteer Fire Company be granted, I promise a
faithful compliance with the By-Laws and Standard Operating Guidelines set forth by the
Company.

Applicant's Signature

Date

Physicians Authorization

Applicant's Name: _____

To Be Granted By A Licensed Physician:

I have examined the above-named individual and find him/her in satisfactory physical condition to perform the duties of a junior firefighter in the West Windsor Volunteer Fire Company.

Date: _____ Physician's Signature: _____

Address of Office: _____

Parent or Guardian Authorization

_____ has my permission to participate as a junior firefighter in the West Windsor Volunteer Fire Company.

Parent or Guardian Signature

Date

Relationship: _____

WEST WINDSOR VOLUNTEER FIRE COMPANY NO.1, INC.

(Dutch Neck, N. J.)

153 SOUTH MILL RD. PRINCETON JCT., NEW JERSEY 08550

I give _____ my permission to respond to fire calls from 10 pm to 6 am when there is no regularly scheduled school session the following day.

I understand that this privilege can be revoked at any time upon notice of the fire chief or parent.

Parent/Guardian

Date



Guidelines and Expectations for Probationary Junior Members

- Applicants of age 16-17 shall apply for Junior Membership.
- Once an applicant has been accepted into Junior Probationary Membership under the terms and conditions of the by-laws of the West Windsor Volunteer Fire Co., No. 1, the following Guidelines and expectations shall apply to all such members for a 90 day probationary period from the date such member has been sworn in:
 - 1 Junior Probationary Members are expected to attend all Company meetings during the Probationary Period. If a member can not attend a scheduled meeting, the member should notify the Chair of the Membership Review Committee, in writing, at least 48 hours before such meeting in order to apply for an excused absence.
 - 2 Junior Probationary Members are expected to attend at least three Company drills during the Probationary Period. Once a member satisfactorily completes the drill requirements, the member may be allowed to ride on the fire apparatus.
 - 3 Junior Probationary Members are expected to meet with Junior Advisors as may be required. Firehouse responsibilities will be discussed at these meetings.
 - 4 At the end of the 90-day Probationary Period, the Membership Review Committee shall determine whether the Junior Probationary Member shall be granted full Junior Member Status. The confirmation of such will be announced at the monthly meeting following the completion of the above stated.

The above Guidelines and Expectations should not be construed to be complete and final. They can be altered as needed to suit the needs of the company membership.

SIGNED: _____

WITNESSED: _____

DATE: _____



West Windsor Volunteer Fire Co., #1 Inc.
153 South Mill Road
Princeton Jct., New Jersey 08550

VACCINATION DECLINATION FORM

EMPLOYEE NAME: _____

JOB TITLE: _____

I understand that due to my occupational exposure to blood or other potential infectious materials, I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself. However, I decline the Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If, in the future, I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

EMPLOYEE SIGNATURE: _____ **DATE:** _____

WITNESS SIGNATURE: _____ **DATE:** _____

Reason for declining: _____

Dates of Previous Vaccination: 1 _____ 2 _____