



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. Please also complete the Hepatitis B Declination Form.

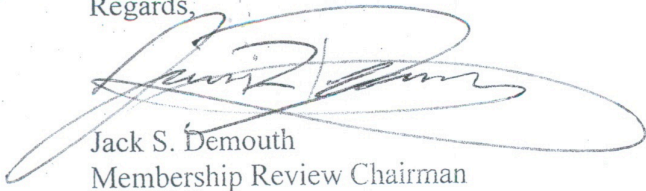
Your completed application will be submitted to the full membership at the next meeting, and an interview with the Membership Review Committee will be scheduled. Upon the approval of the Membership Review Committee, you will be sworn in at the next monthly meeting.

As a probationary 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 7 company drills and 7 monthly meetings. You will be considered a probationary member for 1 year.

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 Membership

Date of Application: _____

Personal Information:

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

Address: _____
Street City State Zip

Resident of West Windsor for _____ Years Are You Employed in West Windsor: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____ S/S #: _____ Blood Type: _____

Marital Status: _____ # of Dependents: _____

Emergency Contact Information:

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

Address: _____
Street City State Zip

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: _____

Felony Record: *Option: "In lieu of answering, you may request a private meeting with the reviewer."*

Have you ever been convicted of a felony? Yes No If yes, at what age: _____

On what charges: _____ Are you on Probation: Yes No

Circumstances: _____

NOTE: Conviction does not automatically disqualify applicant. Decision will be based on a case-to-case basis. Please provide sufficient details.

Military Record:

Branch: _____ Length of Service: _____ Highest Rank: _____
Type of Discharge: _____ Date of Discharge: _____
Specialties: _____

Emergency Services Record:

Have you ever been a member of an Emergency Services organization: _____

If yes, please list organization's name, address and contact number:

1. _____
2. _____
3. _____

Please list any certifications, positions held or honors received:

Medical History:

Do you have any physical or mental disabilities? Yes No

If yes, please describe: _____

Are you presently under a doctor's care? Yes No

If yes, please describe: _____

Are you presently taking prescription medication? Yes No

If yes, please describe: _____

Professional Information:

Present Occupation: _____

Employer: _____ Employer's Contact Number: _____

Employer's Address: _____

Physicians Authorization

(Only Required for Probationary Membership)

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 firefighter in the West Windsor Volunteer Fire Company.

Date: _____ Physician's Signature: _____

Address of Office: _____

Applicant's Certification & Agreement

Please Read Carefully

It is understood that I am entering this Company for the sole purpose of benefiting and protecting the community of West Windsor Township, without regard for monetary compensation for services rendered. I will abide by the rules and regulations of this Company. It is also understood that I will actively participate in carrying out the fire fighting responsibilities of the company on an exclusive basis while responding within West Windsor Township. I will attend drills and meetings as required, help with company fund raising and community service activities, and help to maintain the property of the company. I understand that I am not precluded from affiliations with fire companies outside of West Windsor Township.

I hereby certify that the facts set forth in the above application are true and complete to the best of my knowledge, and any misrepresentation of facts by me on this application will be sufficient cause for dismissal from the company. I authorize inquiries as to my character, reputation and ability and release those supplying such information from any and all liability.

Applicant's Signature

Date

**VOLUNTEER FIREFIGHTERS' DIVISION
STANDARD SECURITY LIFE INSURANCE COMPANY OF NEW YORK
485 MADISON AVENUE
NEW YORK, NY 10022**

BENEFICIARY DESIGNATION

Fire Department Name _____ Social Security _____
Name of Member/Participant _____ Date of Birth _____

GROUP LIFE **SERVICE AWARD** **ACCIDENT & SICKNESS**

I hereby designate as Primary Beneficiary and Secondary Beneficiary:

Primary Beneficiary (ies)		
Name	Relationship	Percentage

Percentage must total 100%

Secondary Beneficiary (ies)		
Name	Relationship	Percentage

Percentage must total 100%

New York Insurance Law Section 4216(b)(7) prohibits naming any organization or association of uniformed firemen, volunteer firefighters or volunteer ambulance workers, the commanding officer, or any of its officials as beneficiary of benefits to be paid under this policy.

I reserve the right to change this designation at any time.

Address of Member/Participant

Signature of Member/Participant

Date Signed

** Please print clearly.

General Conditions of Designation

This Designation of Beneficiaries may be changed by filling a new Designation. No Designation shall be effective unless filed with the Company (or Sponsor, if Service Award Program). Where more than one Primary Beneficiary has been designated, Distribution will be made in equal amounts. Unless otherwise indicated. Among those Primary Beneficiaries who are alive at the time of the member's/participant's death. If the designated Primary Beneficiary is not alive at the time of the member's/participant's death, He or she share will be added to the share of each surviving Primary Beneficiary in proportion that the share of each surviving Primary Beneficiary bears to the total share of all surviving Primary Beneficiaries. If no Primary Beneficiary is alive at the time of the member/participant's death. Distribution will be made on the same basis to designated Secondary Beneficiaries.



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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 _____