



**WEST AMBOY VOLUNTEER FIRE DEPARTMENT
MEMBERSHIP APPLICATION**

Type of Membership: Active Junior/Restricted Active Member Support Staff

Personal Information

Full Legal Name: _____ **Date of Application:** ___ / ___ / ___

Physical Address: _____ **City:** _____ **Zip Code:** _____

Phone Number: (____) _____ **Email Address:** _____

Date of Birth: ___ / ___ / ___ **Age:** _____ **Sex:** M or F

Place of Birth: _____ **County:** _____ **Social Security Number:** _____

Driver's License Information

Driver's License Number: _____ **State:** _____ **Class:** _____

Expiration Date: ___ / ___ / ___ **Endorsements:** _____

Health Condition and Emergency Information

Do you have any medical issues? Yes or No

If yes, please list them:

Please list an Emergency Contact:

Name: _____ **Relationship:** _____ **Phone Number:** (____) _____

Experience and Availability Information

Have you ever been a member of any Fire or EMS department? Yes or No

If Yes, please list the department(s) and ranks you achieved:

What is your availability in regard to days of the week? _____

Are you currently employed? Yes or No



**WEST AMBOY VOLUNTEER FIRE DEPARTMENT
MEMBERSHIP APPLICATION - BYLAW AGREEMENT FORM**

By signing below, I acknowledge and agree, I have read and understand the West Amboy Volunteer Fire Department's Policies and By-Laws and agree to abide by them at all times. I understand I will be told about all changes to these documents.

Date of Agreement to above: ____ / ____ / ____

Print Full Legal Name: _____

Signature: _____

FOR DEPARTMENT CHIEF OFFICER OR BOARD MEMBER USE ONLY

Date Application Submitted: ____ / ____ / ____

Date Application Reviewed by Chief Officer(s): ____ / ____ / ____

Result of Chief Officer(s) Review: ___ ACCEPTED ___ DENIED ___ OTHER: _____

Signature of Reviewing Chief Officer(s): _____

Result of Arson Check: ___ NONE ___ ARSON RECORD ___ REGISTERED SEX OFFENDER ___ REGISTERED FELON

Membership Start Date: ____ / ____ / ____ **6-Month Probation End Date:** ____ / ____ / ____

Date of Membership Vote by the Department Body: ____ / ____ / ____

Result of Membership Vote by the Department Body: ___ ACCEPTED ___ DENIED ___ EXTENDED

Comments: _____
