

Please provide contact information for two personal references who are not family relatives:

Name	Relation
Address	Primary Phone
Home City, State, Zip	E-mail

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Address	Primary Phone
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No experience is necessary for membership. But, have you ever belonged to a fire, EMS, emergency services, or community group before? Yes No

If so, which? Fire EMS Other emerg. service Community group

If so, please complete this information for the most recent affiliation.

Organization Name	Phone
City, State, Zip	Volunteer or paid position?
Your position	When did you leave this group?

Please check the certifications or relevant experiences that you have and explain briefly in the blank space below. *Please attach copies of all certifications you have checked that are current.*

- Firefighter
- Rescue
- Hazardous Materials
- CPR
- First Aid
- First Responder
- EMT or Paramedic
- Other health provider
- Diving
- CDL
- Emergency Vehicle Oper.
- Business administration
- Military

I certify that the above information is true to the best of my knowledge. I understand that any false or intentionally misleading information may disqualify me from consideration or terminate my membership. I consent to a check on my driving record and criminal history from now until my membership with the Company is terminated. I further agree to obtain the necessary physical examination and satisfy any other requirements made by the Township of Ewing or the Company.

Signature of Applicant

Date

*****Minors applying for Junior Membership must include an application for working papers and a note from their custodial parent or guardian giving permission for application and volunteer work with the Company.***

Company Use Only:

Investigated on ____/____/____ Recommended Rejected Absent

Re-investigated on ____/____/____ Recommended Rejected Absent

Junior Membership: Parental consent Working papers Proof of age

Probation/Jr. Membership approved at ____/____/____ meeting.

Fees paid upon probation: App. fee First dues Key deposit