

Dear Applicant,

We welcome your membership application to join the Deptford Fire Department. The attached "Application Process" guide will provide you with detailed instructions on how the application process works and what steps that you will need to take in order to complete the application process. It is important that you fill out each part of the application packet completely and honestly. You must also sign it in the presence of a Notary Public of New Jersey.

As I am sure you will agree, our organization is one in which integrity is paramount. Our reputation is directly related to the code of conduct displayed by each of our members. Our members deal directly with the public and it is important that they be concerned for the safety and welfare of the public at all times. Therefore, please be aware that we will thoroughly scrutinize the information that you provide on the membership application. We do this in an effort to provide the citizens of our Township with individuals who will uphold the excellent reputation of the Deptford Fire Department.

Thank you for your interest and, hopefully, you can become a valuable part of our organization.

Sincerely,

Deptford Board of Fire Commissioners

:dms

Enc.

APPLICATION PROCESS

1. **Contents of Packet**

The membership application packet contains the following forms that must be completed:

- a. Volunteer Firefighter Membership Application, form DFD:AP1 (2 pages)
- b. New Jersey Fireman's Association Application, form 100 (front only)
- c. Authority to Release Information, form DFD:AP2.1-3
- d. Accountability Tag Forms – Deptford & County, forms DFD:AP3.1-2
- e. Parental Consent Forms for Juniors – AP4.1-2

2. **Completion of Application Packet**

All applicants must COMPLETELY fill in the information on the forms listed in Section #1 above. When completed, you must sign (in the presence of a Notary Public of New Jersey) the back of form DFD:AP1 and the front of form 100. You must have a witness sign the front of form DFD:AP2. For your convenience, we have an employee that is certified as a Notary Public at the Fire Administration Building, 1370 Delsea Drive, Deptford, NJ 08096 between the hours of 8:00am and 4:00pm, Monday through Friday. She will be more than happy to notarize your signature at no charge, if you can arrange to appear before her during office hours.

3. **Administrative Review of Application & Interview with Chief of Department**

When you submit your application packet, a thorough administrative review will be done. All information provided on the application will be verified. After the information is verified, you will be called to schedule an interview with the Chief of Department. The following items are important things to consider when completing the application:

Membership in Other Organization: If you state that you are a member of other organizations, you must provide the name, address and phone number of the appropriate official in each organization that can be contacted in order to verify the information submitted. This information should be provided on a separate sheet of paper and attached to the application.

Previous Experience: If you state that you have previous experience in other fire service or emergency medical service organizations, you must provide the name, address and phone number of the appropriate official in each organization that can be contacted in order to verify the information submitted. This information should be provided on a separate sheet of paper and attached to the application.

Special Licenses or Certifications Held: If you state that you have a special license or certification, please attach a copy for the training file that is maintained on each member. Please also provide a legible copy of your New Jersey License for our use in obtaining a NJ Department of Motor Vehicle Records Check. Do not attach the original of any license or certification.

Previous Fire Service & Emergency Medical Service Training: If you state that you have previous fire service or emergency medical service training, please attach a copy for the training file maintained on each member. Do not attach the original of any license or certification.

4. **Background Check and Physical Examination**

A thorough background check and physical exam is conducted of each applicant submitting an application. However, due to the laws restricting the investigation of minors, the criminal background of applicants less than 18 years of age are not able to be investigated. Applicants less than 18 years of age **MUST SUBMIT WRITTEN AUTHORIZATION TO JOIN THE FIRE DEPARTMENT FROM THEIR PARENTS OR LEGAL GUARDIAN ALONG WITH THEIR APPLICATION.** The application will be considered incomplete and will not be acted upon unless or until this written permission is provided. A parent or guardian conference for Fire Explorers and Jr. Firefighter's must be held with the Chief of Department before continuing with the application process.

- a. Background Check: A thorough background check is conducted of each applicant (except as noted above) and a five year motor vehicle abstract is conducted through Motor Vehicle records.
- b. Physical Examination: A thorough physical examination will be conducted of each applicant by the Fire Department Physician following the submission of the application. It is the applicant's responsibility to have the physical examination done as soon as possible after receiving our notification to proceed. We are responsible for the cost of the physical examination. The office hours of the Fire Department's physician, Life Care Medical Center, 601 North Main Street, Glassboro, NJ varies, so please call ahead for an appointment. You should contact Linda, who is assigned to our Department, at 856/881-1330 to schedule an appointment. Life Care Medical Center also has an office in Swedesboro and Clementon if for some reason you are unable to go to Glassboro. All new member applicants must submit to drug and alcohol testing in accordance with the Deptford Fire Department Drug and Alcohol Policy. The physical exam consists of a physical history that the applicant will provide to the physician and a non-invasive physical to determine the overall health of the applicant. The physician will complete the back portion of the NJ Fireman's Association Application, form 100, and return it to the Clerk, Board of Fire Commissioners following the physical examination. They will also start and maintain a file on each applicant for future follow-up. No Fire Department turnout gear or pager will be issued until application process is completed in its entirety.

5. Orientation Session Procedure

Each applicant will be supplied with a bound “Employee Handbook” or CD when the administrative review is completed. This manual is to be reviewed and studied by the applicant in order to prepare for an Orientation Session on the operations and procedures of the Deptford Fire Department. A station officer at the station you will be assigned to will conduct this session. It is the responsibility of the applicant to contact the station officer assigned to him/her and arrange a mutually convenient time for the orientation session to occur as soon as possible after receiving the “Employee Handbook”.

6. Review of Application by Chief of Department

When all portions of the application process are complete, the entire package will be submitted to the Chief of Department for a review. If there are any questions on the information submitted on the application on any of the information uncovered during the application process, further investigation will occur. If the Chief of Department recommends membership for the applicant, the application process will be considered complete and the new member induction process will begin.

7. Induction of New Members

If the Chief of Department recommends membership for the applicant, the applicant will be promptly notified of the date of the next meeting of the station assigned to. A letter will be prepared for reading and consideration by the Station. It is strongly recommended that the applicant make every possible effort to attend this meeting in order to be accepted.

8. Active Duty Begins

Once the applicant is accepted, he/she is now a new member of the Fire Department. The new member will be notified of the equipment issuance process that must be completed in order to begin active duty status. Once equipment has been issued, the new member will be closely advised by the assigned station officer in the operating procedures that must be followed when responding to incidents or when visiting the fire station. New members are strongly encouraged to continually review the “Employee Handbook” during the first few months of membership in order to take advantage of the valuable information it contains.

9. Points to Remember

The selection of competent and responsible personnel for membership in the Fire Department is essential in our mission to provide safety, protection and service to the public. Applicants are reminded to be patient with the membership process in order to allow sufficient time for the review of each applicant. Our goal is to complete the application process for each applicant from start to finish within 30 days.

The Deptford Fire Department is an equal opportunity employer and will not discriminate against any applicant due to age, race, sex, religion, and national origin or due to non-merit factors.

All new members must complete a one (1) year probationary period with the Fire Department before full membership privileges will be granted. Any habitual violation of policies or procedures during this period may lead to immediate expulsion from the Fire Department.

Any applicant that fails to complete any portion of the application process within three (3) months of the original submission date of the application packet may be automatically rejected for membership.

If the applicant is rejected for membership, he/she has the right to file a written request for reconsideration with the Chief of Department. The Chief of Department will then present the request to the Deptford Board of Fire Commissioners and Department Solicitor. At that time, a complete investigation will be conducted.

DEPTFORD FIRE DEPARTMENT		Volunteer Firefighter Membership Application
Battalion #:	Company Name:	DOB: / /
Name:		SS #:
Address:		Town/Zip:
Phone # (H):	Email Address:	
Work Phone #:		
Occupation: _____		Work Hrs: _____ to _____
Employer Name: _____		
Employer Address: _____		
Contact Person: _____		Phone #: _____
Health: ___ Excellent ___ Good ___ Fair ___ Poor		Blood Type:
Do you have any physical limitation, which would restrict your ability to perform firefighter duties? (Circle) Yes No (If yes, explain)		

List pertinent medication and medical conditions:		

Copy of last physical examination report attached? (Circle) Yes No		
Driving Privileges: Are your driving privileges revoked or have they ever been revoked? (Circle) Yes No (If yes, explain)		

Drivers License #: _____ - _____ - _____		
List current membership in other organizations:		
1.	_____	Date Joined: _____
2.	_____	Date Joined: _____
3.	_____	Date Joined: _____
Previous Experience:		
1.	_____	Years There: _____
2.	_____	Years There: _____
3.	_____	Years There: _____

**EMERGENCY CONTACT INFORMATION
IN THE EVENT OF AN EMERGENCY, NOTIFY:**

First Contact:	Name:	Relationship:
	Address:	
	Phone: (H)	(W)

Second Contact:	Name	Relationship:
	Address:	
	Phone: (H)	(W)

Uniform Sizes:	Shirt: Neck _____ Sleeve _____	Hat Size _____
	Pants: Waist _____ Inseam _____	Shoe Size _____

Have you ever been arrested or do you have a criminal record?
(Circle) Yes No (If yes, where and provide explanation below)

List any special licenses or certifications you currently hold:	Expiration Date
Certification	
1. _____	_____
2. _____	_____
3. _____	_____

List current fire service & emergency medical training (or submit resume)

Course	Location/Academy	Month/Year	Completed	
1. _____	_____	_____	Yes	No
2. _____	_____	_____	Yes	No
3. _____	_____	_____	Yes	No

If insufficient room exists to list training, attach a separate sheet.

Read this application and your answers carefully before signing below.

I certify that the statements made by me on this membership application are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that if I have knowingly made a misstatement of these facts, I am subject to rejection and/or removal as a member of the Fire Company and Fire Department. I further understand that if I knowingly made any false statement regarding my criminal history, I will be liable for the cost of the Department's physical and any firefighter classes taken.

Applicant Signature:	Notary Seal:
Date of Application:	
Notary Signature:	

AUTHORIZATION FOR RELEASE OF EMPLOYMENT RECORDS

I, _____, as a candidate for the position of _____, with the Deptford Township Fire Department, hereby authorize any individual within this institution with whom I have been associated, to furnish the Deptford Township Fire District #1 with any information concerning my ability and character which they have on record or otherwise, and do hereby release the individual of said institution and all individuals connected therewith from all liability for damages incurred in furnishing such information. A photocopy of this release bearing my signature shall be considered as valid as the original.

Print Name Date

Signature Date of Birth

SS# Drivers License # and State

AUTHORIZATION FOR RELEASE OF SCHOOL RECORDS

(To be completed by Junior Members only)

I, _____, as a candidate for the position of
_____, with the Deptford Township Fire Department,
hereby authorize any individual within this institution with whom I have been associated,
to furnish the Deptford Township Fire District #1 with any information concerning my
ability and character which they have on record or otherwise, and do hereby release the
individual of said institution and all individuals connected therewith from all liability for
damages incurred in furnishing such information. A photocopy of this release bearing
my signature shall be considered as valid as the original.

Print Name

Date

Signature

Date of Birth

SS#

Drivers License # and State

DFD:AP2.2
8/2001

AUTHORIZATION FOR RELEASE OF CRIMINAL HISTORY RECORDS

I, _____, as a candidate for the position of _____, with the Deptford Township Fire Department, hereby authorize any individual within this institution with whom I have been associated, to furnish the Deptford Township Fire District #1 with any information concerning my ability and character which they have on record or otherwise, and do hereby release the individual of said institution and all individuals connected therewith from all liability for damages incurred in furnishing such information. A photocopy of this release bearing my signature shall be considered as valid as the original. This form also authorizes this institution to obtain a five year driver history abstract through Motor Vehicles. I hereby give permission to the Deptford Board of Fire Commission and their authorized agents to obtain my driving record on an annual basis from this date forward as long as I am a member of the department or any of the fire companies located in the Township of Deptford.

Print Name

Date

Signature

Date of Birth

Street Address

City

State

Zip

SS#

Drivers License # and State

DFD:AP2.3
6/2009

**DEPTFORD FIRE DEPARTMENT
BATTALION ID TAG INFORMATION FORM/ACCOUNTABILITY FORM**

NAME: _____ S.S.#: _____

BIRTHDATE: _____ SEX: _____

PRIMARY EMERGENCY CONTACT: _____

RELATIONSHIP: _____

PHONE: (H) _____ (W) _____

ALTERNATE EMERGENCY CONTACT: _____

RELATIONSHIP: _____

PHONE: (H) _____ (W) _____

HEIGHT: _____ WEIGHT: _____ RELIGION: _____

ALLERGIES: _____

MEDICATIONS: _____

BLOOD TYPE: _____ PHYSICAL RESTRICTIONS: _____

DATE OF LAST PHYSICAL: _____

BP: _____ PULSE: _____ RESPIRATIONS: _____

FAMILY DOCTOR: _____ PHONE: _____

LAST TETANUS SHOT: _____ ORGAN DONOR: _____

LAST HEPATITIS SERIES: #1 _____ #2 _____ #3 _____

REFUSED: _____

COMMENTS: _____

AIR PACK ____

NON AIR PACK ____

JR. MEMBER ____

Gloucester County Emergency Responder Data Sheet

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Badge/Cert Number: _____

SS#: _____ DOB: _____

Primary Physician: _____

Religion: _____

Medical History: _____

Medications: _____

Allergies: _____

Blood Type: _____

Notes: _____

Department: _____

Department Address: _____

Work Phone: _____

Emergency Contact #1: _____ Relationship: _____

Address: _____ City: _____

Phone 1: _____ Work Phone 2: _____

Emergency Contact #2: _____ Relationship: _____

Address: _____ City: _____

Phone 1: _____ Work Phone 2: _____

Firefighter I: Yes or No
IMS Level: I, II, III
Specialized Areas: EMT
Hazmat Tech
Confined Space
ERT
SWAT
Other: _____

PD FD EMS Medics OEM HazMat

DRUG/ALCOHOL USE AND TESTING POLICY

PARENTAL CONSENT FORM

(To be completed by Junior Members only)

I acknowledge that I have received and read the Deptford Fire Department's Drug/Alcohol Use and Testing Policy ("Policy"). I understand that my child, as an applicant/junior member of the Deptford Fire Department, is subject to the Policy. I hereby consent to the testing of my child for drugs and/or alcohol pursuant to the Policy. Specifically, my signature hereon serves as parental consent:

- 1) For my child to undergo pre-membership alcohol and/or drug testing, including the submission of a urine sample for that purpose;
- 2) For my child to be drug and/or alcohol tested in accordance with the terms of the Policy and as permitted by law;
- 3) For the Deptford Fire Department to submit my child's urine sample for testing for drugs prohibited by the Policy; and
- 4) For the Deptford Fire Department to obtain the results of my child's drug and/or alcohol test from a certified laboratory for use in accordance with its Policy.

I understand that while my child is under the age of 18, aside from the Deptford Fire Department, only my child may have access to the results of any drug or alcohol test that is performed pursuant to the Policy. I also understand that I will not be given any further advance notice of any testing that may be performed pursuant to the Policy.

Parent Signature

Date

Print Name

BACKGROUND CHECK

PARENTAL CONSENT FORM

(To be completed by Junior Members only)

I acknowledge that my child's eligibility for membership in the Junior Firemen's Auxiliary is contingent on the outcome of a background check. By my signature below, I acknowledge that I have given my consent to the Deptford Fire Department to conduct a background check of my child including, but not limited to: obtaining my child's criminal history record information, county court records, municipal court records, and school disciplinary records. I further consent to my child's cooperation in supplying sufficient information to allow such a background check to be conducted, including supplying a fingerprint sample. I understand that this information will be used to evaluate my child's eligibility for membership in the Junior Firemen's Auxiliary. I understand that if I refuse to consent to this background check, my child's application for membership shall not be considered.

I understand that my child shall be informed of the results of this background check and shall be granted the opportunity to correct any errors in the records obtained.

Parent Signature

Date

Print Name

Application packet given to _____ on _____.

APPLICATION PROCESS CHECKLIST

(For Internal Use)

Form or Action Taken

Date Complete

- Volunteer Firefighter Membership Application
(Form DFD:AP1) _____
- New Jersey Fireman's Association Application
(Form 100) _____
- Authority to Release Information
(Form DFD:AP2.1-3, AP4.1-2) _____
- Accountability Tag Form
Form DFD:AP3-1 _____
- Administrative Review of Application _____
- Interview with Chief of Department _____
- Background Check _____
- Physical Examination _____
- Orientation Session / Employee Handbook _____
- Recommendation of Membership by
Chief of Department _____
- Guidelines (____ Sr. Member, ____ Jr. Member or
____ Fire Police) _____
- Designation of Beneficiary Form _____
- Motor Vehicle Check _____
- Working Papers _____

DFD:AP5