

**ELIZABETH AVENUE
VOLUNTEER FIRE COMPANY**



MEMBERSHIP APPLICATION

Elizabeth Avenue Volunteer Fire Company
2 Wiley Drive
Somerset, New Jersey 08873
Ph. 732-356-5272



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Thank you for your interest in membership in the Elizabeth Avenue Volunteer Fire Company.

Our fire company has been serving the residents of the northern portion of Franklin Township since 1942. Our current membership is a diverse group of dedicated individuals, who reside not only in Somerset, but also in our surrounding communities. Our protection area is one of the most diverse in New Jersey, including rural farmland, dense residential developments, high-tech industry, large area warehouses, multi-story hotels and office buildings and three miles and two interchanges of Interstate Rt. 287. Our membership has put great time into training for firefighting operations in all of these areas, and as a result is extremely effective and adaptable.

Fire company membership has its privileges, including:

- Length of Service Awards Program: similar to a 401K plan. Current value is \$1,200 per year.
- Yearly stipend for fire call attendance. Current maximum value is \$600
- Life insurance benefit
- Per Diem reimbursement for time spent on Fire Department business or on training
- Discounted cost for Franklin Township mini-dump passes
- Local, state and national-level training
- Uniforms, turn-out gear, training and personal equipment provided

The Elizabeth Avenue Volunteer Fire Company is always looking for new volunteer members. We accept members from not only our response area, but also surrounding areas and communities. Members are needed now in the following categories:

- **Active Firefighter:** Age 18 and above, responds to fire calls and actively participates in firefighting.
- **Junior Firefighter:** Age 16-18, responds to fire calls, assists active firefighters but does not actively engage in firefighting.
- **Affiliate Firefighter:** Already a member of another fire department, actively participates in firefighting.
- **Associate Member:** Assists with Administrative tasks and responsibilities but does not actively participate in firefighting.
- **Ladies' Auxiliary:** Assists with fund raising, provides relief at fires and extended incidents.

Perhaps the greatest privilege of membership is the friendships developed and the great feeling of satisfaction derived from helping your fellow citizens. Please fill out the attached membership application and drop it off to a member, or at the firehouse any Wednesday night from 7:00 to 9:00pm. The firehouse is located at 2 Wiley Drive, just off Elizabeth Avenue between New Brunswick Road and Pierce Street.



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MEMBERSHIP APPLICATION

GENERAL INFORMATION

(Please print)

Name: _____

Address: _____

Phone (Home) _____ (work) _____

Soc. Sec. #: _____

Date of birth: _____

Are you aware of any medical condition that would prevent you from becoming a firefighter?

YES NO

If yes, please explain: _____

Date of last physical examination: _____

Are you a high school graduate or equivalent? YES NO

EXPERIENCE

Have you ever been a member of any other emergency service organization? YES NO

If yes, please list dates, reason for leaving, references with phone numbers and any offices held:

List all emergency services training you have attended (attach copies of all certificates)



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Have you ever applied to another volunteer emergency service and been denied? YES NO

If yes, please explain: _____

Have you ever been a member of any branch of the military? YES NO

If yes, what was the date and type of discharge? _____

EMPLOYMENT HISTORY

Company: _____

Address: _____

Phone: _____ Supervisor: _____

Job Title: _____

Company: _____

Address: _____

Phone: _____ Supervisor: _____

Job Title: _____

Have you ever been convicted of a crime? YES NO

If yes, please explain: _____

Do you currently possess a valid New Jersey driver's license? YES NO

Driver's license number: _____

Has your driver's license ever been revoked? YES NO

If yes, please explain: _____



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REFERENCES

Please list 3 non-family references:

Name:	Address:	Phone:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

I AUTHORIZE THE INVESTIGATION OF ALL INFORMATION CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR HEREIN WILL BE SUFFICIENT CAUSE FOR CANCELLATION OF CONSIDERATION FOR MEMBERSHIP, OR DISMISSAL FROM THE ELIZABETH AVENUE VOLUNTEER FIRE COMPANY IF I HAVE BEEN ACCEPTED AS A MEMBER. I UNDERSTAND THAT MY MEMBERSHIP MAY BE SUBJECT TO A PHYSICAL EXAMINATION IN WHICH MY HEALTH HAS BEEN DETERMINED TO BE SATISFACTORY. I ALSO AGREE TO FOLLOW ALL THE RULES, REGULATIONS AND BY-LAWS OF THE FIRE COMPANY.

Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE

Membership: Approved Denied Date: _____

Reason for Denial: _____

Probation begins: _____ Ends: _____

Membership proposed by: _____

Type of membership: _____

Insurance cards completed: _____