

**Anglesea Volunteer Fire Company No. 1**

Membership Application

**SECTION 1**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Social Security # \_\_\_\_\_

Current Address: \_\_\_\_\_

How long have you resided at present address: \_\_\_\_\_

If less than 2 years please indicate the previous address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Current Employer: \_\_\_\_\_

May we contact them for reference:  YES  NO (check one)

**SECTION 2**

Have you ever been a member in any other Volunteer Fire Company?  YES  NO (check one)

If yes, please list Company name(s), address and dates of membership.

\_\_\_\_\_  
\_\_\_\_\_

Please list all previous firefighter training courses completed and provide copies of each certificate

\_\_\_\_\_  
\_\_\_\_\_

Do you have a valid driver's license?  YES  NO (check one)

If yes, provide license number and state of issue: \_\_\_\_\_

Have you ever been convicted of a crime other than a traffic offense?  YES  NO (check one)

If yes, please list offense(s) and dates(s) of convictions(s):

\_\_\_\_\_

\_\_\_\_\_

**SECTION 3**

Associate membership application must be signed by two (2) active, active exempt or exempt members in good standing.

\_\_\_\_\_  
Signature/printed name of member

\_\_\_\_\_  
Signature/printed name of member

**SECTION 4**

I certify that all information provided by me is correct and any false statements made by me and will void this application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\* NOTE: ALL APPLICATIONS MUST INCLUDE \$15.00 (\$10.00 Membership Fee and \$5.00 Application Fee) \*\*\*

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I understand that, pursuant to N.J.A.C 15:18-1.1, a person convicted of a violation of subsection a, b, c, or d of NJS 2C:17-1, concerning arson and related offenses, or NJS 2C:33-3, concerning false public alarms, is ineligible for membership in a volunteer fire company. I hereby authorize the North Wildwood Police Department to request criminal record information from criminal justice agencies for the purposes or determining my eligibility to serve as a volunteer firefighter in the Anglesea Volunteer Fire Company.

I authorize the custodian of records and sources of information to release such information at the request of a duly accredited representative of the North Wildwood Police Department regardless of any previous agreement to the contrary, and I further release such agents from any liability or claim whatsoever for releasing such information

I understand that information released by records custodians and sources of information is for the official use of the Anglesea Volunteer Fire Company for the purposes provided in this form and may be disclosed only as authorized by law.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print name

Signed and sealed before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary Public