

ANNANDALE HOSE CO #1



TOWNSHIP OF CLINTON

DIVISION OF FIRE

68 Beaver Ave, Annandale, New Jersey 08801

JUNIOR FIRE DIVISION APPLICATION FOR JUNIOR MEMBERSHIP

NAME: _____ Application Date: _____
(last) (first) (mi.)

STREET ADDRESS _____ P.O. BOX _____

CITY _____ ZIPCODE _____

PHONE (____) _____ DATE OF BIRTH mo. _____ day _____ year _____

SOCIAL SECURITY NUMBER _____ - _____ - _____

PERSON TO NOTIFY IN CASE OF EMERGENCY

NAME _____
(last) (first) (mi.)

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE (____) _____ : (____) _____
(home) (work)

DO YOU HAVE A CURRENT VALID DRIVERS LICENSE? ____ yes* ____ no

* LICENSE NUMBER, TYPE, AND STATE _____
report to AHCO if you have a change of status (i.e. suspension)

HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN MINOR
TRAFFIC VIOLATION? ____ yes* ____ no

* IF YES, EXPLAIN _____

PHYSICAL AND MEDICAL

HEIGHT _____ WEIGHT _____

DO YOU HAVE ANY PHYSICAL HANDICAPS, DISABILITIES OR EMOTIONAL PROBLEMS?

_____ yes* _____ no IF YES, EXPLAIN _____

WILL YOU SUBMIT TO A PHYSICAL EXAMINATION, AS DEEMED NECESSARY BY AHCO AND CLINTON TOWNSHIP?

_____ yes _____ no* IF NO, EXPLAIN _____

RESULT OF PHYSICAL* _____pass _____Fail _____ date

*required before participation in drills or fire activity.

PHYSICIAN: _____ DOCTORS COMMENTS: _____

ALL STATEMENTS OF FACT MADE HEREIN ARE CORRECT TO THE BEST OF MY KNOWLEDGE AT THE DATE OF APPLICATION. IF AM ACCEPTED AS A MEMBER OF AHCO JUNIOR FIRE DIVISION, I AGREE TO CONDUCT MYSELF IN ACCORDANCE WITH THE STANDARD OPERATING PROCEDURES AND BY-LAWS OF THE HOSE COMPANY AND TO CONDUCT MYSELF IN A PROFESSIONAL MANNER WHEN ENGAGED WITH THE PUBLIC INVOLVED IN AHCO EVENTS.

X _____ DATE _____
(FULL WRITTEN SIGNATURE OF APPLICANT)

PARENTAL PERMISSION

I HAVE READ THE COVER LETTER AND THE ATTACHED AHCO JUNIOR FIRE DIVISION RULES AND REGULATIONS AND HAVE DISCUSSED THEM WITH MY CHILD. I AM AWARE OF BOTH THE DEMANDS ON MY CHILD'S TIME AND OF THE RISKS ASSOCIATED WITH BEING A JUNIOR FIREPERSON. THE ABOVE APPLICANT HAS MY PERMISSION TO JOIN THE AHCO JUNIOR FIRE DIVISION AS A JUNIOR FIREPERSON AS OUTLINED ABOVE. I ALSO GIVE MY PERMISSION TO THE AHCO TO SEEK EMERGENCY MEDICAL ATTENTION AND TREATMENT FOR MY CHILD WHILE UNDER THEIR SUPERVISION SHOULD IT BE NECESSARY.

X _____ DATE _____
(FULL WRITTEN SIGNATURE OF APPLICANT'S PARENT OR GUARDIAN)

FOR FIRE DEPARTMENT USE ONLY

RULES AND REGULATIONS EXPLAINED* _____ COPY ISSUED* _____

STANDARD OPERATING PROCEDURE EXPLAINED* _____ COPY ISSUED* _____

*MUST BE INITIALED BY FIRE COMPANY OFFICER UPON COMPLETION