



68 Beaver Avenue
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908- 735-5214
www.ahco1.com



JUNIOR FIRE DIVISION APPLICATION FOR JUNIOR MEMBERSHIP

NAME: _____ Application Date: _____
(Last) (First) (Mi.)

STREET ADDRESS _____ P.O. BOX _____

CITY/TOWN _____ ZIP CODE _____

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

EMAIL ADDRESS _____ SOCIAL SECURITY NUMBER _____ - _____ - _____

PERSON TO NOTIFY IN CASE OF EMERGENCY

NAME _____
(Last) (First) (Mi.)

RELATIONSHIP _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE (_____) _____ . (_____) _____
(Home) (Cell)

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

* LICENSE NUMBER, TYPE, AND STATE _____

Report any change of status to the Division Chief (i.e. suspension)

OTHER THAN MINOR TRAFFIC VIOLATION, HAVE YOU EVER BEEN CONVICTED OF A CRIME?

____ 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 _____

AS DEEMED NECESSARY BY AHCo.1 and TOWNSHIP of CLINTON, WILL YOU SUBMIT TO A PHYSICAL EXAMINATION?

_____ yes _____ no* IF NO, EXPLAIN _____

TO THE BEST OF MY KNOWLEDGE, ALL STATEMENTS OF FACT MADE HEREIN AND AT THE DATE OF APPLICATION ARE CORRECT. IF AM ACCEPTED AS A MEMBER OF AHCo.1, I AGREE TO CONDUCT MYSELF IN ACCORDANCE WITH THE STANDARD OPERATING PROCEDURES AND THE BY-LAWS OF THE ANNANDALE HOSE COMPANY. I UNDERSTAND THAT I WILL BE REPRESENTING OR REPRESENTING MYSELF AS A MEMBER OF AHCo.1 OR THE DIVISION OF FIRE AND AGREE TO CONDUCT MYSELF IN A PROFESSIONAL AND COURTESY MANNER. FAILURE TO FOLLOW THESE GUIDELINES MAY RESULT IN DISCIPLINARY ACTION AND/OR MY REMOVAL FROM AHCo.1.

X _____ DATE _____
(FULL WRITTEN SIGNATURE OF APPLICANT)

PARENTAL/GUARDIAN PERMISSION

I AM AWARE OF BOTH THE DEMANDS ON MY CHILD'S TIME AND OF THE RISKS ASSOCIATED WITH BEING A JUNIOR FIREFIGHTER. THE ABOVE APPLICANT AS OUTLINED ABOVE, HAS MY PERMISSION TO JOIN THE AHCo.1 JUNIOR FIRE DIVISION AS A JUNIOR FIREFIGHTER. SHOULD IT BE NECESSARY AND WHILE UNDER SUPERVISION OF THE DIVISION OF FIRE AND ANNANDALE HOSE COMPANY, I GIVE MY PERMISSION TO AHCo.1 AND THE DIVISION OF FIRE TO SEEK EMERGENCY MEDICAL ATTENTION AND/OR TREATMENT FOR MY CHILD.

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

FIRE DEPARTMENT USE ONLY

JUNIOR MEMBERSHIP RULES AND REGULATIONS EXPLAINED* _____ COPY ISSUED* _____

JUNIOR MEMBERSHIP SOG EXPLAINED* _____ COPY ISSUED* _____

PARENTAL/GUARDIAN SIGNATURE: _____

APPLICANT SIGNATURE: _____

***MUST BE INITIALED BY FIRE COMPANY OFFICER UPON COMPLETION.**

****required before participation in drills or fire activity.**

****RESULT OF PHYSICAL** _____ Pass _____ Fail _____ Date.

PHYSICIAN: _____ DOCTORS COMMENTS: _____