



# Delran Fire Department



900 South Chester Avenue Delran, NJ 08075

## Application for Membership to the:

Delran Fire Company #1; **Station 231** Located @ 9 S. Bridgeboro Road \_\_\_\_

Delran Fire Company #2; **Station 232** Located @ 1020 S. Chester Avenue \_\_\_\_

     Active Membership           Junior Membership           Auxiliary Membership

I \_\_\_\_\_ hereby apply for the above noted membership to the Delran Fire Company No. \_\_\_\_ . If accepted into membership, I will abide by the Governing Documents of the organization and perform my duties to the best of my abilities. Furthermore, I will submit proof of age where necessary to prove eligibility of membership. The facts that are stated on this application are truthful and without fraudulence. I understand that if any of the information given on my application, is false or misrepresented, it will be held on grounds for immediate dissolution of my membership.

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

### **Applicant Information**

1. Sex: Male/Female
2. Marital Status: \_\_\_\_\_
3. Date of Birth: \_\_\_\_\_
4. Full Home Address: \_\_\_\_\_
5. Home Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_
6. Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_
7. Driver's License Number (if applicable): \_\_\_\_\_ Classification: \_\_\_\_\_

### **Past or Current Affiliation with Other Emergency Services Organization(s)**

8. Name of the Organization: \_\_\_\_\_ PAST MEMBER /CURRENT MEMBER
9. Full Address of the Organization: \_\_\_\_\_
10. Organizations Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_
11. Contact Person: \_\_\_\_\_
12. Title: \_\_\_\_\_

### **Employment History (if applicable)**

13. Place of/Name of Employment: \_\_\_\_\_
14. Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_
15. Full Address of Employer: \_\_\_\_\_

### **Department Use Only:**

To the Officers and Members of Delran Fire Company No. \_\_\_\_ :

The Board of Fire Commissioners has investigated and interviewed the above applicant and find REASON/NO REASON that the applicant should be ACCEPTED/NOT ACCEPTED from membership to your company. **Dated:** \_\_\_\_\_

N.C.I.C. Check Completed: \_\_\_\_\_ (attach copy)    Submitted By: \_\_\_\_\_

### **Station use:**

Physical Completed: \_\_\_\_\_



# Delran Township Police Department



## Information Authorization Release

I, \_\_\_\_\_, hereby request that you release to the Delran Township Police Department any and all information that you have on file and or on record wherein my name appears. I also hereby release you as the custodian of such information and any Federal, State, or local law enforcement agency; any and all previous employers including their officers, employees, or related personnel; from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization to release information, or any attempt to comply with this release.

I hereby authorize the Delran Township Police Department to receive and have total access to the records set forth above, and release the Delran Township Police Department and Delran Fire Department, its officers, employees and agents from any and all liability from damage, which may result from the authorization contained herein.

I am voluntarily furnishing the identifying information listed below to assist you in locating my records.

Legal Signature: \_\_\_\_\_

Full Name (Please Print): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_



# Delran Fire Department



Station 232

## Junior Firefighter Parent/Guardian Authorization Form

By signing below, we the parents/guardians of the applicant to the Junior Membership of the Delran Fire Company #2, hereby grant our permission for our child to join the Delran Fire Companies Junior Membership, pursuant to the New Jersey Statutes 40A: 14-96 and 40A: 14-98. We further acknowledge the receipt of the Rules and Regulations governing said Junior Firefighter Membership.

Applicant Name (Please Print)  
Parents or Guardian (Please Print)  
Parents or Guardian (Signature)

Witness our hands and seal this  
\_\_\_\_\_ day of the month of \_\_\_\_\_ in the year of \_\_\_\_\_.

\_\_\_\_\_ (L.S.)

\_\_\_\_\_ (L.S.)

State of New Jersey

County of: \_\_\_\_\_

SS: \_\_\_\_\_

Be it Remembered that on this \_\_\_\_\_ day of the month of \_\_\_\_\_ in the year of \_\_\_\_\_, before me, a notary Public of the State of New Jersey, personally appeared \_\_\_\_\_ and \_\_\_\_\_ who, I am satisfied, are the parents (legal guardians) of \_\_\_\_\_; the minor mentioned in the above permission and acknowledged that they signed, sealed and delivered the same as their voluntary act and deeds. All of which is hereby certified.

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

## **NEW JERSEY STATUTES AND CODES**

### **40A:14-96 - Membership in Junior Firemen's Auxiliary, minimum age**

40A:14-96 Membership in Junior Firemen's Auxiliary, minimum age.

*40A:14-96. No person shall be eligible for membership in the Junior Firemen's Auxiliary who is less than 14 or more than 21 years of age. Persons between the ages of 14 and 21 shall be required to obtain permission to join the auxiliary from their parents or guardian. Such permission shall be in writing and acknowledged or proved in the manner required by law for deeds to real estate to be recorded.*

*Amended 1999, c.318, s.1.*

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## **NEW JERSEY STATUTES AND CODES**

### **40A:14-98 - Rules, regulations governing Junior Firemen's Auxiliary**

40A:14-98 Rules, regulations governing Junior Firemen's Auxiliary.

*40A:14-98. The governing body of the municipality or the board of commissioners of the fire district shall, before authorizing the establishment of any Junior Firemen's Auxiliary, formulate rules and regulations to govern the activities of the auxiliary. The rules and regulations shall provide for the training of the auxiliary for eventual membership in the volunteer fire department of the municipality or fire district or in any such volunteer fire company or companies affording fire protection therein, and shall further provide that no junior fireman shall be required to perform duties which would expose him to the same degree of hazard as a regular member of a volunteer fire company. Activities of junior firemen under 16 years of age shall be limited to (1) attending meetings of the Junior Firemen's Auxiliary; (2) receiving instruction; (3) participating in training that does not involve fire, smoke, toxic or noxious gas, or hazardous materials or substances; and (4) observing firefighting activities, while under supervision.*

*L.1971, c.197, s.1; amended 1999, c.318, s.2.*



# Delran Fire Department



## Emergency Contact Information

### PRIMARY CONTACT INFO

Name:

\_\_\_\_\_

Relationship to Applicant:

\_\_\_\_\_

Address (if different than applicants stated address):

\_\_\_\_\_

\_\_\_\_\_

Home Phone:

(\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Cell Phone:

(\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Work Phone:

(\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

### SECONDARY CONTACT INFO

Name:

\_\_\_\_\_

Relationship to Applicant:

\_\_\_\_\_

Address (if different than applicants stated address):

\_\_\_\_\_

\_\_\_\_\_

Home Phone:

(\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Cell Phone:

(\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Work Phone:

(\_\_\_\_) \_\_\_\_ - \_\_\_\_\_



# Delran Fire Department



## Medical Information

Height:  
\_\_\_\_ Ft. \_\_\_\_ In.

Weight:  
\_\_\_\_ lbs.

Blood Type:  
\_\_\_\_\_

Religion:  
\_\_\_\_\_

Normal Blood Pressure:  
\_\_\_\_ / \_\_\_\_

Organ Donor:  
Yes or No (circle one)

Heart Rate:  
\_\_\_\_\_

Family Physician:  
\_\_\_\_\_

Respiration Rate:  
\_\_\_\_\_

Physician Phone Number:  
(\_\_\_\_) \_\_\_\_ - \_\_\_\_

Medications:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hospital Preference:  
\_\_\_\_\_

Allergies:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any Physical Restrictions:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any further medical information not listed above can be listed below:

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



# Delran Fire Department



## General Information/I.T. Information

### Scope:

The information needed on this page is necessary to assure that you are informed with information that is given out to the membership thru the Chief of the Department, Department Officers, and Administrative Officers. Information, which could be in regards to a special assignment, and out of service vehicle, or an announcement that needs to be broadcasted, is given out to the members via email and/or SMS text messaging.

A web-based, emergency responder (I Am Responding) tracking system has been installed within the department. The **Emergency Responder Reply System** is a web-based program used to track personnel that are responding to emergency incidents. After receiving a dispatch for an emergency, responders speed dial one number on their phone, which connects them to an automated telephone system for only a few seconds. Once the call is placed, the responders name, rank, and estimated time arrival (ETA) are produced on a computer screen located in our engine room, thus allowing other responders, line officers, drivers, etc. to see who is responding.

In order for us to assure you that the information reaches you, we will need the following information:

Cell Phone Number:

(\_\_\_\_) \_\_\_\_-\_\_\_\_

Do you wish to receive SMS Text Messaging from the Department?

Yes / No

Cellular Provider (AT&T, T-Mobile, ect.):

\_\_\_\_\_

Email Address:

\_\_\_\_\_