

Montague Volunteer Fire Department 1st Responders



P.O. Box 1726
Montague, NJ 07827
(973) 293-7441



Application Fee \$10.00

**Application for Membership
1st Responder**

Name: _____ ()M ()F Age: ____ Phone (____) ____ - _____

Address: _____

Height : ____ Ft. ____ In. Weight: _____Lbs. Social Security #: _____ - ____ - _____

Birthdate: ____ / ____ / ____ Birthplace: _____

Single () Married () Divorced () Widowed ()

Are you a full-time resident of Montague? YES () NO ()

If no, when will you become a Montague resident? _____

Are you a citizen of the United States? YES () NO ()

Please give the names, addresses and phone numbers of three (3) personal references:

Have you ever belonged to an active Emergency Service Organization? YES () NO ()

If yes, please list the name, address, and phone number of that department:

Was the department: Paid () Volunteer () Both ()

How long were you a member of this department? _____ years _____ months

What was the reason for leaving this department? _____

Have you ever had any EMS classes or trainings? YES () NO ()

If yes, please list the successfully completed classes for which you hold a certificate on a separate sheet.

EDUCATION:	NAME OF SCHOOL:	GRADUATED:
Grade School	_____	YES () NO ()
High School	_____	YES () NO ()
College	_____	YES () NO ()
Other	_____	YES () NO ()

Are you currently taking prescription medication? YES () NO ()

Circle any conditions that you have had:

Heart trouble high blood pressure albumin tuberculosis
cancer tumors mental or nervous disorder

Please describe any of the above conditions and list doctors or hospitals:

Do you wear glasses or contact lenses? YES () NO ()

Have you ever drawn disability? YES () NO ()

If yes, please explain: _____

Have you had a physical within the past year? YES () NO ()

Have you been actively employed full-time during the past 6 months? YES () NO ()

If no, please explain: _____

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

License type: _____ State: _____ Number: _____

Have you ever had any criminal convictions? YES () NO ()

If yes, please explain with date, type and location: _____

By signing below, I certify that all of the above statements are correct:

Signature

Date

DO NOT WRITE BELOW THIS LINE:

Investigation Committee:

Name: _____

Date: _____

Name: _____

Date: _____

Approved first reading: () YES () NO

Date: _____

Approved second reading: () YES () NO

Date: _____

Submitted to Township: () YES () NO

Date: _____

Approved: _____

Date: _____

Township Clerk / Administrator

Application Fee collected by: _____

Date: _____