

## Instructions and Procedure for New Firefighters (Revised 6/12/20)

### For Junior Firefighters (under 18 years old):

- Junior Fireman Application Form with parental consent included - *This form should be signed by your Chief and returned to the Fire Commissioner's Office located at the Fire Prevention Office at 13 Edgar Drive – (New Applicant File will be started)*
- Police Department Volunteer Background Investigation Form - *Applicant fills out Police Background Form and submits it to Police Department for Police Check. Form & (PD's Fingerprint card) must be left at Police Department. (\*No further action should be taken until background check is completed and approved.)* The Police Check takes approximately 2-3 weeks. The Fire Commissioner will be notified by the Police Department regarding each Applicant.
- Junior Firefighter Physical Form – After background approval, applicant will be notified to go for a physical - *physical must be performed by HIGHLANDER HEALTH, LLC located at 1900 Union Valley Road, Suite 303, phone 973-706-8535 (Bring form, have them fill out and return to Fire Commissioner's Office)*
- Beneficiary Designation Form -- *complete and return to Fire Commissioner's Office*
- Junior Firefighter Emergency Consent Form (MUST BE NOTARIZED) *complete and return to Fire Commissioner's Office*

Any questions, please call Carol at the Fire Bureau 973-728-2840.

# WEST MILFORD TOWNSHIP FIRE DEPARTMENT

## JUNIOR AUXILLARY MEMBERSHIP APPLICATION

APSHAWA Co#1 ☐ COMMUNITY Co#2 ☐ GREENWOOD FOREST Co#3 ☐  
MACOPIN Co#4 ☐ UPPER GREENWOOD LAKE Co#5 ☒ WEST MILFORD Co#6 ☐

NAME \_\_\_\_\_ HOME PHONE \_\_\_\_\_

          Last                      First                      Initial

AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ S.S. # \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_  
 Street Town (Postal) State Zip Code

EMAIL ADDRESS \_\_\_\_\_

CELL PHONE # \_\_\_\_\_ CELL PHONE CARRIER \_\_\_\_\_

OCCUPATION \_\_\_\_\_ WORK HOURS \_\_\_\_\_

EMPLOYER \_\_\_\_\_

EMPLOYER'S ADDRESS \_\_\_\_\_ PHONE# \_\_\_\_\_

CURRENT NJ LICENSE # \_\_\_\_\_ EXP. DATE \_\_\_\_\_

Do you have any points or violations on your driver's license? YES \ NO If yes, give details

Do you wear glasses? YES \ NO

Are you a U.S. citizen? YES \ NO

Do you have any medical Conditions? YES \ NO      If yes please explain below:

I, the undersigned, have been advised of the company's rules and regulations and agree to follow them to the best of my ability. I certify that all answers to the foregoing questions are true to the best of my knowledge. For the purpose of this application, I hereby authorize the release of any Criminal History Record, information maintained by any Law Enforcement Agency. Any such information released as a result of this authorization shall be used only the express purpose for membership in the Volunteer Fire Services of the Township of West Milford. Any falsification of information shall be sufficient cause for dismissal from this company.

DATE PROPOSED \_\_\_\_\_ DATE ACCEPTED \_\_\_\_\_

Proposed By \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

I HEREBY CONSENT TO MY SON/DAUGHTER JOINING THE WEST MILFORD TOWNSHIP JUNIOR FIREMEN'S AUXILIARY.

Date \_\_\_\_\_

\_\_\_\_\_  
Parent or Guardian



**TOWNSHIP  
OF WEST MILFORD  
FIRE DEPARTMENT**

1480 Union Valley Road • West Milford, NJ 07480

**JUNIOR FIREFIGHTER  
EMERGENCY CONSENT FORM**

DATE: \_\_\_\_\_ CO # \_\_\_\_\_

I HEREBY GIVE CONSENT TO THE OFFICER IN CHARGE TO HAVE MY CHILD \_\_\_\_\_  
TREATED IN THE EVENT OF AN EMERGENCY DURING PARTICIPATION WITH THE WEST MILFORD TOWNSHIP  
FIRE DEPARTMENT.

**IMPORTANT DATA**

Birthdate: \_\_\_\_\_  
Known \_\_\_\_\_  
Allergies: \_\_\_\_\_

Person to Contact  
in Case of Emergency \_\_\_\_\_  
Phone No. \_\_\_\_\_

SIGNATURE OF PARENT OR GUARDIAN MUST BE MADE IN THE PRESENCE OF  
A NOTARY PUBLIC AND **MUST BE VALIDATED BY SAME.**

PARENT or GUARDIAN

Signature \_\_\_\_\_  
Print/Type \_\_\_\_\_

SWORN AND SUBSCRIBED BEFORE ME

This \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_

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

Volunteer Firemen's Insurance Services, Inc.®  
**Beneficiary Designation for Accident & Sickness Policy**  
Complete this block each time this form is used -Please Print

Name of Organization \_\_\_\_\_ Township of West Milford Fire Department \_\_\_\_\_

Member's/Employee's Name \_\_\_\_\_

\_\_\_\_\_  
Complete, sign and date this block if you wish to name or change your beneficiary.

I hereby designate the following beneficiary(ies) with respect to amounts payable as indemnity for loss of life under the referenced  
Accident & Sickness Policy and hereby revoke any designation of beneficiary thereunder heretofore made by me. I direct that any  
amounts payable under said Policy to my beneficiary(ies) named below be paid to those of Primary Beneficiary who survive me,  
otherwise to those surviving in Contingent Beneficiary, in proportion to the percentages listed.

Primary  
Beneficiary: Name \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_ Share \_\_\_\_\_ %  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_ Share \_\_\_\_\_ %

Contingent  
Beneficiary: Name \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_ Share \_\_\_\_\_ %  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_ Share \_\_\_\_\_ %

If none of the above-named beneficiaries are living at the time of my death, I direct that payment be made to my estate. I reserve  
the right to revoke or change this designation.

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

## West Milford Township Police Department

Volunteer Background Investigation

### To Be Completed By Applicant:

Name of Volunteer Organization: (Firefighter Application Must Include Company # In This Space)						Dept. Call Number:	
Name of Applicant:						Date of Birth:	
Address:						Telephone: Day Night Cell	
How Long at Current Address:		Prior Address:				Social Security #:	
						Drivers License #:	
Sex:	Place of Birth:	US Citizen?:	Race:	Height:	Weight:	Hair Color:	Eye Color:
Occupation:			Employer and Address:				

Have you ever been arrested for a crime or disorderly persons offense?	Yes	No
Have you ever been convicted of a crime or disorderly persons offense?	Yes	No
Have you ever been convicted of a crime or disorderly persons offense in another state?	Yes	No
Have you ever been confined in an institution for treatment of mental illness in this or another state?	Yes	No
Have you ever been an alcoholic, or a drug dependent person?	Yes	No
Has your driver license ever been revoked or suspended in this or any other state?	Yes	No
If you answered <b>Yes</b> to any of the above questions, please explain here:		

I am voluntarily requesting a background check in order to participate in the volunteer program named above. I hereby authorize the West Milford Township Police Department and the New Jersey State Police to verify all statements made herein and in the accompanying application and to make sure investigation as is necessary to determine my fitness for this position. I authorize all courts, probation departments, military authorities, medical personnel, employers, personal references, educational institutions and other agencies and institutions, *without exception*, to release to the West Milford Township Police Department or the New Jersey State Police, any and all information pertaining to me that they may request. I release, discharge and exonerate the West Milford Township Police Department, the New Jersey State Police, their agents and representatives, and any person so furnishing information from any and all liability of every kind arising out of furnishing such information.

**I certify that all statements made in this application are true. I understand that it is a crime under NJSA 2C:28-3 to make false statements in this application.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

### Agency Use Only:

Type of Check	Date Started	Date Completed	Initials
State Fingerprint Check			
AOC Name Check			
DMV Check			
Local Records Check			
JV Central Registry Check			
Comments:			
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved    Supervisor: _____ Date: _____			

Revised 10/28/13