



Upper Greenwood Lake VOLUNTEER FIRE COMPANY

Ladies Auxiliary

Thank you for your interest in the Upper Greenwood Lake Volunteer Fire Company Ladies Auxiliary.
The members of the Ladies Auxiliary support the volunteer firefighters of Upper Greenwood Lake Company 5.

Attached are the following forms required to apply for membership:

1. General Membership Application Form

Please complete and mail to:
UGLVFC Ladies Auxiliary
Attention: President/Membership
P.O. Box 285
Hewitt, NJ 07421

2. Volunteer Background Investigation Form

Please complete and bring to West Milford Police department Headquarters, located at 1480 Union Valley Road, West Milford for fingerprinting. This is a requirement for all members involved in emergency services of all branches in West Milford Township. There is no cost for fingerprinting & no appointment necessary. You must use "Upper Greenwood Lake Vol. Fire Co. #5 Ladies Auxiliary" as the Name of Volunteer Organization.

Once the application process is complete, all accepted members will begin a probationary period.

Member Expectations:

- Attend Meetings – Unless notified by President, meetings are held on the 2nd Thursday evening of every month at UGLVC firehouse located at 776 Warwick Turnpike.
- Fundraising – various events throughout the year; proceeds to benefit firefighters of UGLVFC5
- Support UGLVFC volunteer firefighters when needed during an emergency

We look forward to meeting with you in person once the application is received and reviewed.
Any questions please contact Jackie Fedyshyn, President of the UGLVFC Ladies Auxiliary at (973) 934-5880 or via email to the following at uglvfcaux@gmail.com

On behalf of the President, thank you.

WEST MILFORD TOWNSHIP LADIES AUX. CO. 5

MEMBERSHIP APPLICATION

_____ VOLUNTEER FIRE COMPANY
(Insert Fire Company Name)

NAME _____ PHONE _____
Last First Initial

AGE _____ DATE OF BIRTH _____ S.S. # _____

MAILING ADDRESS _____

OCCUPATION _____ WORK HOURS _____

EMPLOYER _____

EMPLOYER'S ADDRESS _____ PHONE# _____

CURRENT NJ LICENSE # _____ EXP. DATE _____

Do you have any points or violations against your driver's license? If yes, give details

Do you wear glasses? _____
yes/no

Are you a U.S. citizen? _____
yes/no

Do you have any medical disabilities? _____
yes/no

Please list disabilities:

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

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:	E-mail :	
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 Yes 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: _____			