

VERONA VOLUNTEER FIRE DEPARTMENT

APPLICATION FOR MEMBERSHIP



APPLICATION FOR

- REGULAR MEMBERSHIP
 AUXILIARY MEMBERSHIP

PLEASE FILL IN ALL AND PRINT NEATLY

NAME (FULL LEGAL NAME ONLY)			DOB
ADDRESS			YEARS LIVED AT ADDRESS
BIRTHPLACE & CITY			SOCIAL SECURITY NUMBER
HOME PHONE #	CELL PHONE #	WIRELESS CARRIER	E-MAIL
MARITAL STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE	SPOUSE'S NAME	NUMBER OF CHILDREN	RESIDED IN VERONA SINCE
OCCUPATION	WORKING HOURS	STATUS <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	FIRE STATION PREFERENCE <input type="checkbox"/> STATION #1 <input type="checkbox"/> STATION #2
EMERGENCY CONTACT #1		EMERGENCY CONTACT #2	

1. ARE YOU OR HAVE YOU EVER BEEN A MEMBER OF ANOTHER FIRE DEPARTMENT?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. HAVE YOU EVER APPLIED TO BE A MEMBER OF THE NEW JERSEY STATE FIREMEN'S ASSOCIATION?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE OTHER THAN A MINOR MOTOR VEHICLE VIOLATION?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

IF YOU HAVE ANSWERED YES TO QUESTIONS 1, 2 OR 3, USE THIS SECTION TO EXPLAIN. FOR QUESTION 1 OR 2, INCLUDE DATES AND AGENCIES INVOLVED. FOR QUESTION 3, PROVIDE THE DATE(S) AND EXPLANATION OF THE VIOLATION(S).

CERTIFICATION

I hereby certify that all the statements are true accurate and complete.

APPLICANT SIGNATURE	DATE
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IF APPLICANT IS UNDER 18, PARENT'S OR GUARDIAN'S SIGNATURE REQUIRED.

NAME OF PARENT & RELATIONSHIP	SIGNATURE	DATE
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THE FOLLOWING MUST BE COMPLETED IN THE PRESENCE OF A NOTARY PUBLIC

 APPLICANT NAME

 APPLICANT SIGNATURE

SWORN AND SUBSCRIBED BEFORE ME THIS

_____ DAY OF _____ 20_____

 A NOTARY PUBLIC