

# South Old Bridge Volunteer Fire Company, Inc.

PO Box 426 Old Bridge, NJ 08857-0426

732-251-8596

Engine Company #1  
958 Englishtown Rd

Engine Company #2  
14 Throckmorton Ln

Engine Company #3  
1599 Englishtown Rd

Dear Applicant:

Thank you for your interest in joining the South Old Bridge Volunteer Fire Company. To apply for membership, you must fill out the attached forms completely and return them at your convenience.

Below is a list of the forms along with instructions on how to fill them out, as well as what you need to attach before submitting for review by the Screening Committee.

A. Application Form

1. The application **must** be completely filled out. If any item on the application does not apply to you, please indicate by putting "N/A" where appropriate.
2. Once the application form is filled out, it **must** be notarized by a Notary Public.
3. Attach a copy of your Birth Certificate or Naturalization papers (if applicable)
4. Attach a copy of your Driver's License for the driver's abstract portion.
5. Attach a copy of your Social Security Card.
6. Attach a check or money order for \$7.00, (\$2.00 dues, \$5.00 application fee) made payable to "South Old Bridge Volunteer Fire Company".

B. Township of Old Bridge Background Check Authorization Form

1. Read this form **before** you sign it. It authorizes the Township Police to conduct criminal record searches.
2. Sign the form where indicated.

C. South Old Bridge Volunteer Fire Company Background Check Authorization Form.

1. This form is similar to the Old Bridge Township authorization form in its use and purpose. It also allows us to perform a driver's abstract.
2. Read it carefully before signing, and be sure to fill in all requested information.
3. This form **must** be notarized by a Public Notary.

Please call 732-251-8596 if you have any questions or need further assistance.

# South Old Bridge Volunteer Fire Company, Inc.

## Application for Membership

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Current Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ E-Mail \_\_\_\_\_

Social Security #: \_\_\_\_\_ Drivers License #: \_\_\_\_\_

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

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Answer All Questions:

1. Have you ever been a Firefighter?  Yes  No
2. Do you object to operating Fire Apparatus?  Yes  No
3. Have you ever been convicted of a crime or an offense?  
(Excluding driving history)  Yes  No
4. Is your driver's license currently suspended in any of the 50 states?  Yes  No
5. Have you enrolled in Pre-Trial Intervention (PTI) or  
received a conditional discharge?  Yes  No
6. Are you:  Citizen of the United States  Naturalized Citizen\*\*  
\*\* Copy of naturalization papers must be attached.
- 7 Have you ever been a volunteer?  Yes  No

If so, provide department and phone number \_\_\_\_\_

I do hereby certify that I will perform my duties as a firefighter, uphold the Constitution and By-Laws, and that I will attend all the training courses as required by the South Old Bridge Volunteer Fire Company, Inc. Upon termination, I will surrender all property of the South Old Bridge Volunteer Fire Company, Inc. I hereby authorize and consent to a Police Check; drug, alcohol, and AIDS tests for use by the South Old Bridge Volunteer Fire Company, Inc.

\*\*\*\* For Notary Public \*\*\*\*

\_\_\_\_\_ Being duly sworn  
doth depose and says that the above statements are true  
to the best of his knowledge and belief.

State of New Jersey, County of Middlesex

This \_\_\_\_ day of \_\_\_\_\_ 20\_\_

Notary Signature: \_\_\_\_\_

Seal

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

For Office Use Only

Date read at General Meeting: \_\_\_\_\_.

Screening Date: \_\_\_\_\_ [ ] Approved [ ] Disapproved

Screened by: \_\_\_\_\_.

Date of Orientation: \_\_\_\_\_.

Assigned to Engine Company #: \_\_\_\_\_.

Badge #: \_\_\_\_\_.

Date of Active Membership: \_\_\_\_\_.

Check or money order \_\_\_\_\_ Birth Certificate \_\_\_\_\_ All portions notarized \_\_\_\_\_  
\*\*\*\*\*

I; \_\_\_\_\_, do hereby certify that I have been given a copy of the most current Constitution and By-Laws of the South Old Bridge Volunteer Fire Company, Inc.

\_\_\_\_\_  
Signature

Issued by: \_\_\_\_\_.

Township of Old Bridge

**BACKGROUND CHECK AUTHORIZATION**

I, \_\_\_\_\_, do hereby grant permission to the Township of Old Bridge to make a background check on, including but not limited to, a search for any criminal record. Said information to be used in consideration of my application for employment with the Township of Old Bridge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Birth Date

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

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Drivers License Number

\_\_\_\_\_  
City, State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_

BACKGROUND CHECK AUTHORIZATION

I, \_\_\_\_\_ do hereby grant permission to the Township of Old Bridge to make a background check on, including but not limited to, a search for any criminal record and Driver’s License Abstract. Said information to be used in consideration of my application for employment with the Township of Old Bridge, Board of Fire Commissioners of Fire District #3, and membership in the South Old Bridge Volunteer Fire Company, Inc.

I understand that in the event an unsatisfactory report is received concerning my criminal record and/or my driving abstract, as judged solely by the Membership Committee of the South Old Bridge Volunteer Fire Company , Inc., that I may be rejected for employment and membership in the South Old Bridge Volunteer Fire Company.

I further understand that in the event my physical examination reveals the use of alcohol or drugs, including prescription medications, which may impair my ability as a firefighter, I may be rejected for employment and membership in the Fire Company.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Birth Date

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

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Drivers License Number

\_\_\_\_\_  
City, State

\_\_\_\_\_  
Zip Code

\*\*\*\* FOR NOTARY PUBLIC \*\*\*\*

\_\_\_\_\_ being duly sworn doth depose and says that the Above statements are true to the best of his knowledge and belief.

State of New Jersey, County of Middlesex,

Notary Seal

This \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

Notary Signature: \_\_\_\_\_