

SOUTH HACKENSACK FIRE DEPARTMENT MEMBERSHIP APPLICATION

Applicants Name _____

The membership committee of the South Hackensack Fire Department wants to commend you for your choice in considering membership into our volunteer fire department. Our organization is one in which we can be justifiably proud of our over 90 years of volunteer service to our community, 24 hours a day, every day.

Before completing the attached application be advised that the following requirements are mandatory for acceptance into our organization.

1. Applicant must be an American citizen.
2. Applicant must be at least 18 years of age.
3. Applicant must be a resident or employee of South Hackensack, an employee of a business or industry within South Hackensack or reside within 2 miles of the boarder of the central portion of South Hackensack.
4. Applicant is required to take a physical exam at their expense prior to acceptance.
5. Applicant is required to attend the Firefighter I course at the Bergen County Academy during the first 6 months of service.
6. Applicant is required to participate in fire calls, drills, the maintenance of the firehouse and the firefighting equipment.
7. Applicant must be aware that this is strictly a volunteer organization which offers no salary, other than a clothing allowance, for any services rendered.
8. Applicant will obey all orders directed to you by a superior officer while performing your duties.
9. Applicant will receive a clothing allowance at the end of each year provided a 50% attendance at firematic activities was maintained.
10. Applicant is required to purchase a dress uniform and a parade uniform during the first year of membership.
11. Applicant is required to provide fingerprints to the South Hackensack Police Department for a background check.

Your signature and date are required below to indicate you have read the above requirements and are willing to comply with them.

SIGNATURE _____ DATE _____

**RETURN COMPLETED APPLICATION TO RAY DERISO 48 WILLIAMS AVE.
SOUTH HACKENSACK 201.440.3264**

SOUTH HACKENSACK FIRE DEPARTMENT MEMBERSHIP APPLICATION

Last Name _____ First Name _____

Address _____ Driver License No. _____

City _____ State _____ Cell Phone _____

Social Security No. _____ Home Phone _____

How long have you been at your current residence _____

If recommended by a brother firefighter give name _____

Indicate highest education level and where _____

Military Service Branch _____ Years of service _____

Highest Rank _____ Discharge Date _____

Describe any health defect or physical disabilities which may hinder performance in any aspect of firematics _____

Indicate any prior training in firematics _____

Have you ever been denied membership to any Fire Department _____

List any crime you have been convicted of _____

Employer's Name/Address _____

Your Position _____ How Long _____

List any hobbies or interests _____

Signature _____ Date _____