

Countywide Fireground Rehab. & Canteen Service

A Non-Profit Volunteer Emergency Services Organization



Serving Passaic County & Surrounding Communities

MEMBERSHIP APPLICATION

Countywide Fireground Rehab. & Canteen is a not for profit organization, with all volunteer members. All dues and many expenses of members are tax deductible.

Membership is open to all interested persons who complete this application, pay the specified dues, and meet the requirements of membership, as specified in the Team's bylaws and or corporate charter.

Countywide Fireground Rehab. and Canteen's Board of Directors, and officers involved in the membership process will keep the information that you provide on this application confidential. This application form becomes the property of Countywide Fireground Rehab. and Canteen and will not be returned except as provided in the Team's bylaws. Willful falsification of information on this application will be reasonable grounds for termination of membership. All new members are on an automatic 90-day probationary period. A copy of Countywide's team rules are made available upon acceptance and Team bylaws will be made available upon request. The minimum age to join Countywide Fireground Rehab. and Canteen is 18 years of age for adult members. There is no maximum age limit to membership. Countywide Fireground Rehab. and Canteen dose not discriminate based upon age, sex, religion, ethnic origin, handicap or sexual orientation.

Name:

I.D. #: (Applicant Leave Blank)

Please TYPE or Print neatly on this Membership Application

(all fields should be filled in or marked N/A if not applicable)

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|---|--|---|--|--|--|
| Personal Information: <i>This information is required. Please fill in all fields or mark N/A if not applicable.</i> | | | | | |
| Name (Last Name, First Name, Middle Initial) | | | | Social Security Number | |
| Age | | | | | |
| Address: | | | Apt # (if applicable) | | E-mail Address (if available) |
| City: | | | State | | Zip |
| Home Phone: | | <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted | Work Phone: | | Pager/Alternate Phone: |
| | | | | | <input type="checkbox"/> Voice <input type="checkbox"/> Digital |
| Birth Date (Month/Day/Year) | | Sex | | Marital Status | |
| | | | | Children | |
| Spouse's Name (if married) | | | | | |
| Drivers License and Vehicle Insurance Information: | | | | | |
| As you may have to respond with your personal vehicle, or may require you to drive a team owned vehicle, it is necessary for us to ask you for this information. <i>Failure to supply this information will not affect your application for membership.</i> | | | | | |
| Drivers License # | | State: | | Endorsements: | Expires: |
| Insurance Company/Agent Name: | | Policy Type: | | Renewal Date: | |
| Phone # | | <input type="checkbox"/> Comprehensive <input type="checkbox"/> Liability Only | | | |
| Vehicle #1 Information | | | Vehicle #2 Information | | |
| Make: | | Year: | Make: | | Year: |
| Model: | | Color: | Model: | | Color: |
| 4X4 <input type="checkbox"/> Yes <input type="checkbox"/> No | | Plate # | 4X4 <input type="checkbox"/> Yes <input type="checkbox"/> No | | Plate # |
| Employment Information: | | | | | |
| It is Countywide Fireground Rehab. and Canteen policy not to release work locations or phone numbers without the prior permission of members involved. However it is to the benefit of Countywide to be aware of where our members are employed, to avoid cases of conflict of interest, or accidentally jeopardizing a member's job. <i>Failure to supply this information will not affect your application for membership.</i> | | | | | |
| Place of Employment: | | | | Position/Duties | |
| Address: | | | | Type of Service Employer Provides /Sells | |
| City: | | | State | | Zip |
| | | | | | |
| Other Organizations involved with: | | | | | |
| Due to the multitude of other agencies or organizations that Countywide works closely with, it is important for us to know what other organizations, clubs etc. that you might currently belong to. This information will enable us to determine the amount of time you may be able to contribute to Countywide in time of emergency. For example belonging to a Volunteer Fire Department may conflict if Countywide is called out to help with the fire. Your duties with the VFD may take priority over those with Countywide thus making you unavailable at times. No member is expected to be 100% available. There will always be time when your family, church, employment, or other obligations may take priority over Countywide meetings or non-emergency activities. | | | | | |
| Name: | | Purpose of Organization: | | Relation: | |
| | | | | | |
| Name: | | Purpose of Organization: | | Relation: | |
| | | | | | |
| Name | | Purpose of Organization: | | Relation: | |
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Personal References:

Countywide Fireground Rehab and Canteen membership carries a heavy responsibility. Our members must be able to work closely with law enforcement officers and the general public in positions of trust and responsibility. This is the reason for requiring three (3) non-family character references. *Failure to supply this information will result in a rejection of this application for membership.*

| | | |
|-------|----------------------------------|-----------|
| Name: | Address or Contact Phone Number: | Relation: |
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| Name: | Address or Contact Phone Number: | Relation: |
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| Name: | Address or Contact Phone Number: | Relation: |
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Reason (s) for wanting to become a member:

Briefly state why you wish to be a member of Countywide. *Failure to supply this information will result in rejection of this application for membership.*

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Personal Skills/Training /Hobbies:

Countywide members come from a wide variety of backgrounds and experience. It is extremely helpful to the Board of Directors to be aware of any special skills, training, or hobbies that may be of use to the team. This includes such things as radio electronics, communications computer programming or repair, special drivers licenses, medical training, disaster training or experience. *The list is endless. Failure to supply this information will not affect your application for membership.*

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Disclosure and Membership Agreement Notice:

The information contained on this Membership Application will remain confidential, and will not be released outside of the Board of Directors or the Officers involved in the membership process without your express permission, other than for use in official team roster or registration, and/or for insurance purposes.

By signing this application, you are giving the Board of Directors explicit permission to conduct a background check with local law enforcement agencies (at Countywide's expense). No medical exams are required, but medical clearance may be required for pre-existing conditions. The results of any such investigation may become a part of this application.

In the event of acceptance, you agree to follow the rules and regulations outlined in the Team's bylaws (as may be amended by the membership), and will conduct yourself in such a manner as to not reflect unfavorably upon Countywide or its associated organizations.

There is optional Accidental insurance available through Fire Corp and Citizen Corp a premium of \$52.00 (two dollars) per person per year. The policy only covers accidents that occur during official, team scheduled activities or meetings, and only apply to anything not covered by any primary coverage you may already have. In order to be applicable for Team insurance coverage you must join as a full member.

You certify that all answers given on this application are true to the best of your knowledge. You understand that this is not an application for employment, and it is not a contract of membership. Acceptance is dependant upon an affirmative vote by the current membership at a regular membership meeting

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|-------------------------|-------|-------------------------------------|-------|
| Signature of Applicant: | Date: | Signature of Sponsor and ID number: | Date: |
|-------------------------|-------|-------------------------------------|-------|

Dues:

| | | | | |
|------------------|-------------------|------------------------------|------------------|------------------------------|
| Application Fee: | Annual Team Dues: | Optional Accident Insurance: | Total Submitted: | Check, MO, or Cash Receipt # |
| \$ | \$ | \$ | \$ | |

