



Green Village Volunteer Fire Department

Serving Chatham Township Fire District Number One and Portions of Harding Township

ACTIVE / ASSOCIATE MEMBERSHIP APPLICATION

ALL INFORMATION MUST BE COMPLETED FOR THE APPLICATION TO BE CONSIDERED, INCLUDING THE SIGNATURE OF THE GREEN VILLAGE FIREFIGHTER SPONSORING YOUR APPLICATION.

PLEASE PRINT CLEARLY OR TYPE

NAME: _____
(LAST) (FIRST) (M.I.)

DATE OF BIRTH: _____ AGE: _____ SSN: _____

Do you possess a valid NJ Driver's License? YES NO

DRIVER'S LICENSE #: _____

CURRENT ADDRESS: _____

HOME PHONE: _____ E-MAIL: _____

CELL PHONE: _____ CELL PHONE CARRIER: _____

WORK ADDRESS: _____

WORK PHONE: _____ E-MAIL: _____

BRANCH OF MILITARY SERVICE BRANCH (if applicable): _____

SERVICE DATES: FROM: _____ TO: _____

Type of Membership Desired: ACTIVE ASSOCIATE

FEES - PAYABLE WITH APPLICATION (non-refundable)

	<u>ACTIVE</u>	<u>ASSOCIATE</u>
APPLICATION FEE	\$10.00	\$20.00
ADVANCE DUES	\$10.00	\$20.00
RELIEF FEE	\$5.00	\$0.00
TOTAL	\$25.00	\$40.00

APPLICANT NAME: _____

FOR APPLICATION AS AN ACTIVE MEMBER

Must be at least 18 years of age

Active Membership applicants must be a resident of a community within our district or the bounds of bordering mutual aid communities of the Department, or Regularly employed within the Fire District and can leave to respond to a call for service.

Do you currently have any physical condition that would prevent you from fulfilling all of the duties required of an Active Member of the Green Village Fire Department? YES NO

IF YES, PLEASE EXPLAIN: _____

Do you have any previous fire fighting experience, courses or seminars? YES NO

IF YES, PLEASE EXPLAIN: _____

Upon approval of application, new members will probationary members of the Green Village Fire Department for one year followed by a Department vote to approve or deny a switch to Active membership.

FOR ALL APPLICANTS

If accepted to the membership, I will obey the By-Laws of the Green Village Fire Department.

NAME: _____

SIGNED: _____

DATE: _____

IF UNDER 21, PARENT/GUARDIAN MUST ALSO SIGN

NAME: _____

SIGNED: _____

DATE: _____

GREEN VILLAGE FIRE FIGHTER SPONSOR

NAME: _____

SIGNED: _____

DATE: _____

All applicants are subject to a background check.

**Mail application and fees (payable to GVFD) to:
Green Village Fire Department - Membership
529 Green Village Road
Green Village, NJ 07935**

APPLICANT NAME: _____

FOR GREEN VILLAGE FIRE DEPARTMENT USE ONLY
ACTIVE/ASSOCIATE MEMBERSHIP APPLICATION
ACTION OF THE DEPARTMENT

APPLICATION RECEIVED: _____
(Date)

FEE PAID: YES NO

BACKGROUND CHECK: _____
(Date)

APPROVED: YES NO

REASON(S)/NOTE(S): _____

COPY ATTACHED: YES NO

GVFD APPROVALS

GVFD Chief (PRINT)

Date

GVFD Chief Signature

SWORN IN AS: ACTIVE ASSOCIATE

DATE: _____

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DATE ELIGIBLE FOR ACTIVE MEMBERSHIP: _____

DATE OF ACTIVE MEMBERSHIP: _____

Equipment Issued	Serial Number	Date Issued	Date Returned
Auto ID Plate			
Badge (Wallet)			
Badge			
By-Laws			
Class A Uniform			
Class B Uniform			
PPE			