



**NEW VERNON VOLUNTEER FIRE DEPARTMENT, INC.**  
BOX 143, VILLAGE ROAD, NEW VERNON, NJ 07976  
INCORPORATED 1921



**MEMBERSHIP APPLICATION**

please check one: ☐ Fire Company ☐ First Aid Squad

full name \_\_\_\_\_

address \_\_\_\_\_

home phone \_\_\_\_\_ cell phone \_\_\_\_\_ email \_\_\_\_\_

years at residence \_\_\_\_\_ prior residence \_\_\_\_\_

soc. sec. number \_\_\_\_\_ driver license no. \_\_\_\_\_

date of birth \_\_\_\_\_ proposed by \_\_\_\_\_

name and address of employer \_\_\_\_\_

Do you have any physical limitations? \_\_\_\_\_ If yes, explain \_\_\_\_\_

Have you ever been a Firefighter or EMT? \_\_\_\_\_ If yes, where and when: \_\_\_\_\_

**REQUIRED DOCUMENTATION WITH SUBMISSION:**

- ☐ Completed Top Portion of This Form
- ☐ Drivers License
- ☐ Medical Examination (For Fire Company only. As provided by your physician)
- ☐ Attached Criminal Back Ground Check Authorization
- ☐ If joining as a junior member (under 18 years of age) you must submit parental approval in the form of a letter and a meeting with your parents and the membership committee.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**PRIVACY WAIVER**  
**NEW VERNON FIRE DEPARTMENT**

TO: Concerned Person or Authorized Representative of Any Organization, Institution or Repository Records.

Applicants Name: \_\_\_\_\_  
(please print)

Date of Birth: \_\_\_\_\_ Social Security Number \_\_\_\_\_

I respectfully request and authorize you to furnish the Township of Harding Police Department on behalf of the New Vernon Volunteer Fire Department (Fire Dept.) any and all information concerning my work record, military record and criminal record.

Please allow a representative from the Harding Township Police Department to review my personal file and photocopy any documents upon request.

This information is to be used to assist the Township of Harding Police Department acting on behalf of the Fire Dept. in determining my qualifications and fitness as a volunteer.

I hereby release you, your organization or others from any liability or damage which may result from furnishing this information requested above.

A photocopy of this waiver shall be considered a valid original.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Town/City State

**AFFIDAVIT**

STATE OF NEW JERSEY  
COUNTY OF MORRIS

Before me personally appeared the said \_\_\_\_\_ who says that he/she executed the above instrument of his/her own free will and accord, with full knowledge of the purpose therefore.

Sworn to and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
My commission expires \_\_\_\_\_

Notary Public

SEAL