



## Borough of Red Bank

Red Bank Volunteer Fire Department

90 Monmouth Street

Red Bank NJ 07701

732-530-2700

### APPLICATION FOR MEMBERSHIP

Choose One:

- |   |   |
|---|---|
| <input type="checkbox"/> Navesink Hook and Ladder   | <input type="checkbox"/> Westside Hose Company    |
| <input type="checkbox"/> Independent Engine Company | <input type="checkbox"/> Fire Police              |
| <input type="checkbox"/> Liberty Hose Company       | <input type="checkbox"/> First Aid & Rescue Squad |
| <input type="checkbox"/> Union Hose Company         | <input type="checkbox"/> Auxiliary                |

DATE: \_\_\_\_\_ SSN: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ BIRTHPLACE: \_\_\_\_\_

RESIDING IN RED BANK: \_\_\_\_\_ Yrs \_\_\_\_\_ Mos DRIVERS LIC #: \_\_\_\_\_

EMAIL: \_\_\_\_\_

1. Have you previously applied for membership in the Red Bank Fire Dept or First Aid Squad?

NO ☐

YES ☐ WHERE: \_\_\_\_\_ DATE: \_\_\_\_\_

2. Have you previously applied for membership in any other fire department or first aid squad?

NO ☐

YES ☐ WHERE: \_\_\_\_\_ DATE: \_\_\_\_\_

3. Have you ever been actively engaged as a firefighter or first aid volunteer?

NO ☐

YES ☐ WHERE: \_\_\_\_\_ DATE: \_\_\_\_\_

4. Have you ever been convicted of any offense? (Including DWI or related charges)

NO ☐

YES ☐ Specify: \_\_\_\_\_

## PHYSICAL ABILITY TEST WAIVER

In consideration of the Borough of Red Bank granting permission to be tested as set forth in the Borough Ordinance, section 2-37.4 for the purpose of becoming a Volunteer Firefighter of the Borough of Red Bank, I hereby waive all claims for injuries to my person or my property which may be caused by me, or any act or failure to act by the Borough of Red Bank, it's Officers, Agents or Employees. assume the risk of all dangerous conditions, if any, in connection with taking the various test required and waive any and all specific notice of the existence of such conditions.

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Date

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Signature of Applicant

- I hereby declare the information provided by me in this application is true, correct and complete to the best of my knowledge.
- I understand that I am required to undertake a physical examination by the Fire Department physician and to have a physical ability test administered by the Fire Company representatives. (Physical ability test is for Fire Company applicants only.)
- I further understand that should I fail to pass the physical examination and wish to be re-examined at some late date, this re-examination must also be performed by the Fire Department physician at no expense to the Borough of Red Bank but at my own expense.
- I authorize you to obtain an investigative report by requesting information from friends, neighbors, associates and the local Police Department.
- As an applicant for Active Membership: I must be at least eighteen (18) years of age and not over forty (40) years of age and I must be a resident of the Borough of Red Bank for at least six (6) months.
- As an applicant for Active Associate Membership: I must not be eligible for Active Membership, I must be over the age of eighteen (18) and either live within five (5) air miles of the Borough QC have my principal place of employment within the Borough.
- As an applicant for Fire Police Membership or First Aid Squad Membership: I must be at least eighteen (18) years of age. I am not required to perform the Fire Company physical ability test.
- As part of the application process to participate in the Firefighter I training through the Monmouth County Fire Academy, I hereby grant permission for the Borough of Red Bank Fire Department to forward the results of the physical examination by the Fire Department Physician to the Monmouth County Fire Academy.

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Signature of Applicant

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Date

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Signature of Notary

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Commission Stamp/Seal

## FINGERPRINT AND BACKGROUND CHECK:

ADMINISTERED DATE: \_\_\_\_\_

RECEIVED DATE: \_\_\_\_\_

SIGNATURE POLICE DEPT. RECORDS BUREAU: \_\_\_\_\_

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## PHYSICAL ABILITY TEST:

ADMINISTERED DATE: \_\_\_\_\_

PASS ( )

FAIL ( )

SIGNATURE OF COMPANY OFFICER: \_\_\_\_\_

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## COMPANY APPROVAL:

THE APPLICANT HAS ( ) HAS NOT ( ) BEEN ACCEPTED AS A MEMBER OF:

\_\_\_\_\_  
(NAME OF COMPANY)

SIGNATURE OF COMPANY SECRETARY: \_\_\_\_\_ DATE: \_\_\_\_\_

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## MUNICIPAL APPROVAL:

WE HEREBY CERTIFY THAT THIS APPLICANT WAS ADMITTED TO MEMBERSHIP IN THE RED BANK  
VOLUNTEER FIRE DEPARTMENT, AND HAS BEEN APPROVED BY THE GOVERNING BODY ON THE

\_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
SIGNATURE, MUNICIPAL CLERK

\_\_\_\_\_  
SIGNATURE, CHIEF OF DEPARTMENT

**BOROUGH OF RED BANK**  
NJPEOSHA Bloodborne  
Pathogens HEPATITIS B  
VACCINE RECORD

All Public Employees, Police, Fire and First Aid employees or volunteers must fill out Section A and either B, C or D. Return with application.

Please PRINT all information except signatures.

Employer — Borough of Red Bank, Red Bank Volunteer Fire Department

**SECTION A**

Last Name	First Name	MI	Birthdate	Age
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\_\_\_\_\_  
Address

**SECTION B**

I would like to receive the three doses of Hepatitis vaccine.

**X**

\_\_\_\_\_  
Signature

**SECTION C**

**HEPATITIS B VACCINE DECLINATION**

i understand that due to my occupational exposure to blood or other potentially infection materials, I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself. However, I decline Hepatitis B vaccination at this time. i understand that by declining this vaccine I continue to be at risk of acquiring Hepatitis B or a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

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

Signature \_\_\_\_\_

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

Witness Signature \_\_\_\_\_

## **SECTION D**

### **PREVIOUS HEPATITIS B VACCINATION**

I decline Hepatitis B vaccination at this time because I was previously vaccinated.

Printed Name: \_\_\_\_\_

Dates of Vaccination (Three): \_\_\_\_\_

Vaccine Administered By: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_