



# Winslow Township Fire Department Second Responders Application Packet

## Membership Application

### Applicant Information

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

### Emergency Contact Information

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO

Have you ever been convicted of a felony? YES  NO

If yes, explain: \_\_\_\_\_

## Education

*Check all that apply.*

High School

Yes: \_\_\_\_\_ No: \_\_\_\_\_

College

Yes: \_\_\_\_\_ No: \_\_\_\_\_

Trade School

Yes: \_\_\_\_\_ No: \_\_\_\_\_

## How You Heard About The Organization

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

Relationship: \_\_\_\_\_

Social Media: \_\_\_\_\_

Other: \_\_\_\_\_

## Other Experiences

*Check all that apply.*

Fire Fighter Experience: \_\_\_\_\_

CPR Certified: \_\_\_\_\_

Emergency Medical Technician: \_\_\_\_\_

Previous Auxiliary Member: \_\_\_\_\_

Auxiliary Member Elected Official: \_\_\_\_\_ If so, what position? \_\_\_\_\_

Photographer: \_\_\_\_\_

Boy Scouts / Girl Scouts: \_\_\_\_\_

Volunteer Activities: \_\_\_\_\_

**Specialized Skills / Things That Could Benefit The Organization**

List all that apply.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

**Disclaimer and Signature**

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to acceptance into this organization, I understand that false or misleading information in my application may result in my release.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_