



FLORENCE TOWNSHIP FIRE DISTRICT NO. 1
401 FIREHOUSE LANE
FLORENCE, N.J. 08518

Dear Applicant,

Thank you for your interest in volunteering with the Florence Township Fire Department. At this time, we are NOT accepting any applications just for Emergency Medical Technician education or employment. However, your name will be placed on an EMT only waiting list. The suggested path is to become Firefighter I certified, then complete EMT training. At the completion of the EMT training, you may seek to become part of the EMS Per-Diem staff. Although at times membership can be demanding, volunteering with the Fire Department will be equally as exciting & rewarding. The following steps have been established to assist you in the timely completion of the application.

1. Complete the Membership Application. Return the application to the Fire District office between 8:00 AM & 4:00 PM weekdays. Their phone number is 609-499-1393.
2. Sign & date the Authorization for Release of Information form. This form must be notarized. If the applicant is a juvenile, the Parent/Legal Guardian consent form must also be signed, dated & notarized.
3. A \$5.00 application fee must be submitted if the applicant is over age 18. If you are under age 18, the application fee is waived.
4. Your application will be checked for completeness & name forwarded to the Florence Township Fire District No. 1 for initial acceptance into the organization at their next regular meeting.
5. You will be provided information & paperwork to respond to the Florence Township Police Department for a criminal history background investigation & Live Scan automated fingerprinting at no cost.
6. Your driver's license will be submitted to the N.J. Division of Motor Vehicles for a certified driver's record abstract.
7. Sign & date the drug screening notice & acknowledgement form. You will be provided information to have a physical examination performed at the Fire District's expense which includes drug screening. If you are applying to become a member of the N.J. State Firemen's Relief Association, you will be supplied with their application form to have the physical examination record section completed at the same time.
8. Upon acceptance by the Fire District, your information will be forwarded to the Florence Township Volunteer Fire Company No. 1 for acceptance into their organization at their next regular monthly meeting. If accepted, then you will become a member, pending physical & criminal background approvals.
9. The Orientation Officer will then contact you to schedule a Department Indoctrination at your convenience which includes requirements, Constitution & By-Law adherence, equipment issuance & training scheduling if required.

When considering membership, it is important to consider both the firefighting & administrative aspects of our organization. While our emergency operations are at the heart of our mission, those operations could not exist without significant administrative support. There are ample opportunities for our members to take part in the business functions of our non-profit corporation, as well as to hold various leadership positions. Thank you & we look forward to meeting you soon.

FLORENCE TOWNSHIP FIRE DISTRICT NO. 1

MEMBERSHIP REQUIREMENTS & CLASSIFICATIONS

JUNIOR FIREFIGHTERS

- Applicants must be 16 or 17 years old & reside in Florence Township
- Must wear all protective clothing when answering an alarm & are in the direct charge of the fire officers & advisors of the company
- May ride on fire apparatus providing they do not displace a qualified firefighter or trainee
- Not permitted to drive any fire apparatus, enter a burning or smoke filled building, or display any warning device on their personal vehicle while responding to a call
- Not permitted to respond on any calls on the New Jersey Turnpike, Burlington County Landfill Complex, any dispatched hazardous materials or confined space incidents & any type of incident outside of Florence Twp.
- Must attend state mandated training classes annually & maintain minimum training & participation levels
- Must maintain passing grades in school at all times
- Not permitted to carry their pager in school or on a school bus at any time
- Not permitted to be excused from school to attend fire incidents
- Not permitted to use Self Contained Breathing Apparatus except for training
- Not permitted to perform any Fire Police Duties
- Not permitted to vote at Company monthly meetings
- Not permitted to bring any guests onto Fire Company/District property

ACTIVE FIREFIGHTERS

- Must be 18 years old
- Shall attend a N.J. state certified Firefighter 1 training class within 1 year of membership
- Must attend 15 % of all fire calls & 20 % of drills to remain active
- Must attend 4 monthly meetings to be eligible to vote at December's meeting
- Must attend state mandated training classes annually & maintain minimum training & participation levels
- Participate in all levels of fire suppression &/or rescue, whether inside or outside a structure
- Permitted to use Self Contained Breathing Apparatus & operate fire apparatus after minimum training requirements have been met

FIRE POLICE MEMBERS

- **Must be 18 years old**
- **Shall attend a N.J. state certified Fire Police training class within 1 year of membership**
- **Be permitted to provide traffic control & scene security operations**
- **Must attend 4 monthly meetings to be eligible to vote at December's meeting**
- **Must attend state mandated training classes annually & maintain minimum training & participation levels**

AUXILIARY MEMBERS

- **Must be 18 years old**
- **Be permitted to respond to emergency incidents when requested to provide refreshments to emergency personnel at a convenient non-hazardous area established by the Incident Commander**
- **Be permitted to operate personnel transport vehicles after minimum training requirements have been met**
- **Must attend 4 monthly meetings to be eligible to vote at December's meeting**
- **Contribute support in some capacity, Examples are: administrative, parades, clean up, Operation Santa Claus, station tours, station upkeep & maintenance, community events, fundraising, etc.**
- **Not permitted to enter any hazardous or confined space environment**
- **Not permitted to use Self Contained Breathing Apparatus or perform Fire Police duties**
- **Must participate in 20 hours yearly of the above listed support functions**

FLORENCE TOWNSHIP FIRE DISTRICT NO. 1

APPLICATION CHECKLIST

(FOR USE BY MEMBERSHIP COMMITTEE ONLY. PLEASE RETURN WITH APPLICATION)

APPLICANT NAME: _____

DOCUMENTS RECEIVED

- Application
- \$5.00 Fee if applicant over age 18
- Reference #1 _____
- Reference #2 _____
- Reference #3 _____
- Copies of Certifications (if applicable)
- Copy of Driver's License

Application complete on ____/____/20__

ACCEPTANCE

Fire District: **ACCEPT / REJECT** Date: _____

Membership Committee: **ACCEPT / REJECT** Action: _____

Fire Company: **ACCEPT / REJECT** Date: _____

PROGRESSION OF MEMBERSHIP

Physical and Drug Test Results: + / - _____

Criminal Background Check Results: ____/____/20__

N.J. Division of Motor Vehicles Results: ____/____/20__

Completion of General Orientation: ____/____/20__

Orientation Officer: _____

Completion of SOP/Constitution & By-Laws Review: ____/____/20__

Completion of Truck/Equipment Orientation: ____/____/20__

Completion of Truck/Equipment Orientation: ____/____/20__

Enrollment in Firefighter 1 Class: ____/____/20__

Active Status Granted: ____/____/20__



APPLICATION & BACKGROUND QUESTIONNAIRE

FLORENCE TOWNSHIP FIRE DISTRICT No. 1

Type of membership applying for:

ACTIVE _____ JUNIOR MEMBER _____ FIRE POLICE _____ AUXILIARY _____

A. Personal Data

1. Full name: _____

a. Maiden Name if applicable: _____

2. Address: _____

3. Telephone #: [DAYTIME] () _____ [NIGHT] () _____

[CELL] () _____ [PROVIDER] _____

[E-MAIL] _____

4. Date and place of birth (town/state) _____

5. Age _____

6. Social Security Number _____

7. Height _____

8. Weight _____

9. Eyes

a. Natural Color: _____

b. Deficiencies: _____

10. Natural Hair Color _____

11. Complexion _____

12. Race _____

13. Physical Condition Poor Fair Good Excellent

14. Chronic Medical Problems (i.e. asthma, diabetes, etc): _____

15. Scars, Marks, Tattoos: _____

16. Languages spoken other than English _____

17. AKA's or Nicknames _____

18. Please list three (3) personal references, not affiliated with the Florence Twp. Fire Department that we may contact:

NAME: _____

ADDRESS _____

PHONE NUMBER: () _____

NAME: _____

ADDRESS _____

PHONE NUMBER: () _____

NAME: _____

ADDRESS _____

PHONE NUMBER: () _____

19. List names of any civic groups/organizations of which you are a member NONE

20. List an emergency contact which we can notify in case of an emergency:

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

HOME PHONE: () _____ CELL PHONE: () _____

21. Please list someone to designate as a beneficiary in case of a line of duty death:

NAME: _____ RELATIONSHIP: _____

B. Parental Background (Junior Member Applicants Only)

1. List full name, address & telephone number of each parent

a. Father NAME: _____

ADDRESS _____

PHONE NUMBER: () _____

b. Mother (include maiden name) NAME: _____

ADDRESS _____

PHONE NUMBER: () _____

c. Step-Father (if applicable) NAME: _____

ADDRESS _____

PHONE NUMBER: () _____

d. Step-Mother (if applicable) NAME: _____

ADDRESS _____

PHONE NUMBER: () _____

C. Marriage/Family

1. List name of spouse (include maiden name) NOT MARRIED

NAME: _____

ADDRESS _____

PHONE NUMBER: () _____

2. List names & ages of any children, whether or not they live with you NONE

NAME: _____

NAME: _____

NAME: _____

NAME: _____

NAME: _____

D. Education

1. Elementary school, name and address

NAME: _____

ADDRESS: _____

2. High school, name and address, dates of attendance and date of graduation

NAME: _____

ADDRESS: _____

DATES OF ATTENDANCE: _____

DATE OF GRADUATION: _____

3. If not a high school graduate, state highest grade completed and the reason for leaving

GRADE COMPLETED: _____

REASON: _____

4. College, name & address, highest grade completed including any degrees obtained

NAME: _____

ADDRESS: _____

GRADE COMPLETED: _____

DEGREES OBTAINED: _____

5. Other schooling, name and address (include vocational training)

NAME: _____

ADDRESS: _____

VOCATIONAL TRAINING: _____

E. Military Service None

1. List branch of service, period of active duty

BRANCH OF SERVICE _____

PERIOD OF ACTIVE DUTY: _____

2. Highest rank attained and summary of duty performed

HIGHEST RANK ATTAINED: _____

SUMMARY OF DUTY PERFORMED: _____

3. Type of discharge or separation received

TYPE OF DISCHARGE: _____

SEPARATION RECEIVED: _____

4. Citations and/or awards received

5. Disciplinary problems and/or court martial received (include Article #15)

6. If separated with a disability, list reason

7. If in reserve status, explain obligation and date of termination

8. If not inducted into the military service because of a physical disability &/or other reason, explain

F. Residence

1. Length of time residing at present address

2. Names of person(s) and relationship with whom you reside

3. List previous addresses for the past 10 years in chronological order

ADDRESS	DATES
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

G. Employment (Begin with present employment)

1. Employer _____ Telephone _____
Address _____
Dates _____ Job Description _____
Immediate Supervisor _____ Reason for leaving _____

2. Employer _____ Telephone _____
Address _____
Dates _____ Job Description _____
Immediate Supervisor _____ Reason for leaving _____

3. Employer _____ Telephone _____
Address _____
Dates _____ Job Description _____
Immediate Supervisor _____ Reason for leaving _____

4. Employer _____ Telephone _____
Address _____
Dates _____ Job Description _____
Immediate Supervisor _____ Reason for leaving _____

5. Employer _____ Telephone _____
Address _____
Dates _____ Job Description _____
Immediate Supervisor _____ Reason for leaving _____

H. Driving Record

1. Do you possess a N.J. driver's license? YES NO

2. Driver's license number & date of expiration. Please also provide a copy of current driver's license.
NUMBER: _____ EXP. DATE: _____

3. Have you ever been cited for a major motor vehicle violation? YES NO
Yes, Explain: _____

4. Have you ever had a driver's license suspended or revoked? YES NO
Yes, Explain: _____

5. Have you ever been involved in a motor vehicle accident as a driver? YES NO
Yes, Explain: _____

6. Have you ever been convicted of a Motor Vehicle Offense in Florence Township?
 YES NO
Yes, Explain: _____

I. Previous Conduct

1. Have you ever been adjudged a juvenile delinquent or a disorderly person?
 YES NO
Yes, Explain: _____

2. Have you ever been arrested? YES NO
Yes, Explain: _____

3. Have you ever been convicted of a crime? YES NO
Yes, Explain: _____

4. Have you ever been convicted of any offense? YES NO
Yes, Explain: _____

5. Are you currently involved in or awaiting any civil or criminal action? YES NO
Yes, Explain: _____

6. Have you ever applied for a permit to purchase a firearm? YES NO
Yes, Explain: _____

7. Have you ever been denied a permit to purchase a firearm? YES NO

Yes, Explain: _____

8. Are you an alcoholic? YES NO

Yes, Explain: _____

9. Are you or have you ever been a habitual drunkard? YES NO

Yes, Explain: _____

10. Are you or have you ever been dependent upon the use of any narcotic or other controlled dangerous substance? YES NO

Yes, Explain: _____

11. Are you being treated for a drug abuse problem? YES NO

Yes, Explain: _____

12. Do you suffer from any physical defects or sickness? YES NO

Yes, Explain: _____

13. Have you ever been confined or committed to a mental institution or hospital for treatment or observation of a mental or psychiatric condition on a temporary, interim or permanent basis? YES NO

Yes, Explain: _____

14. Have you ever been attended, treated or observed by any doctor or psychiatrist, or at any hospital or mental institution on an in-patient or out-patient basis for any mental or psychiatric condition? YES NO

Yes, Explain: _____

15. Are you subject to any court order(s) issued pursuant to Domestic Violence? YES NO

Yes, Explain: _____

16. Have you ever been convicted of any domestic violence in any jurisdiction which involved the elements of striking, kicking, shoving or purposely or attempting to or knowingly or recklessly causing bodily injury or negligently causing bodily injury to another with a deadly weapon? YES NO

Yes, Explain: _____

17. Are you presently or have you ever been a member of any organization which advocates or approves the commission of acts of force & violence, either to overthrow the government of the United States of America or of this State, or to deny others of their rights under the Constitution of either the United States of America or the State of New Jersey? YES NO

Yes, Explain: _____

18. Are you a registered sex offender in this State or any other state? YES NO

Yes, Explain: _____

19. Have you ever been arrested &/or convicted of arson or any related offenses? YES NO

Yes, Explain: _____

20. Have you ever participated in any Juvenile Fire Setter Program? YES NO

Yes, Explain: _____

J. Firefighting Background

1. Do you have any previous firefighting experience? YES NO

If yes, please provide copies of all training certificates with this application

2. Do you have a N.J. Division of Fire Safety Firefighter 1 certification? YES NO

If yes, please provide certification number _____

3. Are you a member of the N.J. State Firemen's Relief Association? YES NO

If yes, Line #: _____ Time Accrued: _____

Association Name: _____

If yes, are you an Exempt member? YES NO

4. Do you have any previous emergency medical experience? YES NO

If yes, please provide copies of all training certificates with this application

5. Do you have a valid N.J. Emergency Medical Technician certification? YES NO

If yes, please provide certification number _____

6. Are you a current or previous member of any other Emergency Service Organization? YES NO

If yes, please list contact information & years served for those organizations. A letter from the Chief of any organization of which you are a current member must also be submitted with this application stating your current membership status.

Name _____ Telephone _____

Address _____

Dates _____ Member Status _____

Contact Person _____ Reason for leaving _____

Name _____ Telephone _____

Address _____

Dates _____ Member Status _____

Contact Person _____ Reason for leaving _____

Name _____ Telephone _____

Address _____

Dates _____ Member Status _____

Contact Person _____ Reason for leaving _____

Name _____ Telephone _____

Address _____

Dates _____ Member Status _____

Contact Person _____ Reason for leaving _____

Name _____ Telephone _____

Address _____

Dates _____ Member Status _____

Contact Person _____ Reason for leaving _____

7. Did you hold any Executive or Line Office positions? YES NO If yes, list below:

Position _____ Number of years _____

Position _____ Number of years _____

Position _____ Number of years _____

Position _____ Number of years _____

8. Have you ever been suspended or expelled from another Emergency Service Organization? YES NO

Yes, Explain: _____

9. Have you been previously inoculated for Hepatitis "B" virus? YES NO

If yes, please provide a copy of inoculations with this application

10. As a member with no previous experience, you will be required to attend mandatory firefighter schooling within one (1) year of acceptance into the organization. Are you able to attend within one (1) year? YES NO

No, Explain: _____

11. The Florence Township Fire Department is not a social club. Members shall be required to give freely of their time to attend 15% of yearly incidents, 20% of yearly training sessions & participate in community activities as determined by the Department. Do you understand this statement? YES NO

12. Why do you wish to join the Florence Township Fire Department? _____

13. What do you expect to gain if you are granted membership? _____

14. What will the Fire Department gain from having you as a member? _____

15. What (if anything) concerns you about becoming a member? _____

16. How did you find out about joining the Florence Twp. Fire Department? _____

17. Please list any other information that you feel is beneficial to your consideration for membership (personal skills, etc.) _____

APPLICANT STATEMENT OF UNDERSTANDING

I hereby certify that the foregoing statements made by me are true & are intended to be used by the Florence Township Fire District No. 1, for the purpose of evaluating honestly & correctly my application for Firefighter. The statements are made without fraud & knowing full well that the Fire District rely upon the same as true. I am aware that if any of the foregoing statements made by me are found to be willingly false, that I am subject to denial of my application or immediate dismissal as the case may be. I am aware that any intentional omission of information will be treated as a falsification. In the final stage of the application process, this application will be submitted to the Florence Township Police Department & fingerprints will be obtained for a background investigation as permitted by state law. By signing this document, I signify that I have read & understand the consequences of the above statement.

Applicant Signature

Date



**FLORENCE TOWNSHIP FIRE DISTRICT NO. 1
401 FIREHOUSE LANE
FLORENCE, N.J. 08518**

AUTHORIZATION FOR RELEASE OF INFORMATION

NAME: _____

ADDRESS: _____

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____

DRIVERS LICENSE STATE & #: _____

To all law enforcement agencies, police departments, motor vehicle departments, probation departments, selective service boards, physicians, hospitals & other institutions & agencies without exception:

I, _____, am seeking membership to the Florence Township Volunteer Fire Company No. 1 which is under the jurisdiction of the Florence Township Fire District No. 1. As part of the application process, an investigation is being conducted to determine my eligibility.

You are authorized & directed to release to the Florence Township Fire District No. 1, as well as its officer representatives, any information & documentation they may request. I further release all parties & the Florence Township Fire District No. 1 from any & all liability & responsibility arising out of such information.

If I am approved for membership by the Fire District, this authorization shall be effective so long as I am a member of said District & Company, unless sooner revoked by me in writing. You may rely upon the written certification of the Fire Chief, Administrator or other officer to the effect that this authorization is still in effect.

A photo static copy of this authorization will be considered as effective as the original.

Applicant Signature _____

Signed & Sworn before me this: _____ day of: _____, 20____.

Signature of Notary Public



**FLORENCE TOWNSHIP FIRE DISTRICT NO. 1
401 FIREHOUSE LANE
FLORENCE, N.J. 08518**

PARENT OR LEGAL GUARDIAN CONSENT FORM

I, _____, being a parent or the legal guardian of the
Minor herein named, do hereby give permission for _____
to become a candidate for membership in the Junior Fire Fighter's Auxiliary of the
Florence Township Fire Department. I further release all parties & the Florence
Township Fire District No. 1 from any & all liability & responsibility regarding my
child's participation in the Junior Fire Fighter's Auxiliary. I acknowledge receipt & have
reviewed all policies, rules & regulations pertaining to the Junior Fire Fighter's Auxiliary
program. I further authorize the Florence Township Fire District #1 to perform any
pertinent background checks & have my child receive a physical from the Fire District's
Physician at no cost to me.

Parent/Guardian Signature

Signed & Sworn before me this: _____ day of: _____, 20____.

Signature of Notary Public



**FLORENCE TOWNSHIP FIRE DISTRICT NO. 1
401 FIREHOUSE LANE
FLORENCE, N.J. 08518**

**DRUG SCREENING THROUGH URINALYSIS
NOTICE & ACKNOWLEDGEMENT**

I, _____ understand that as part of the process to become a firefighter, the Board of Fire commissioners, Florence Township Fire District #1, Burlington County, New Jersey will conduct a comprehensive background investigation to determine my suitability for the position for which I have applied.

I understand that as part of this process, I will undergo certain medical and physical examinations, which will include drug screening through urinalysis in accordance with the procedures set forth in Florence Township Fire District #1's Policies and Procedures manual.

I understand it is the responsibility of the Fire Commissioners to insure that because of the nature of the tasks and the effect of their position upon the public, members of the fire district cannot be involved in the use or abuse of controlled dangerous substance or abuse of alcohol.

Because the firefighter who abuses alcohol or drugs jeopardizes the safety of the community and fellow firefighters and because there is little or no opportunity for an organization to observe an applicant in a work setting which would afford the organization the opportunity to observe and to recognize evidence of reasonable individualized suspicion that a firefighter is using illegal substances, it is imperative that each individual applicant be required to be tested for use of controlled dangerous substance or other illegal drugs.

Each applicant must therefore provide adequate, valid, undiluted, or unadulterated urine samples as requested and must supply all information necessary to identify the sample (by completing paperwork) and initial all specimens and to otherwise cooperate with the collection and testing procedures.

The refusal or failure of an applicant to submit a urine sample for testing or an applicant who refuses to comply with a sampling procedure when requested to do so shall be a basis for rejection for membership in the Florence Twp. Fire Dist. # 1 & Florence Twp. Fire Department.

Verified positive test results for the presence of any controlled dangerous substance or illegal drug shall be cause for my rejection for membership in the Florence Twp. Fire Dist. # 1 & Florence Twp. Fire Department.

As part of the procedure, you will be directed to a medical facility for the purpose of conducting a urinalysis/drug screening. The laboratory performing the drug testing shall be certified and utilize standardized equipment. It shall, pursuant hereto, report individual test results to the Board of Fire commissioners, Florence Twp. Fire Dist. #1.

The results shall not be disclosed by the laboratory or the Fire District to any other person other than to the individual who provided the sample.

I hereby certify that I have read and understand the above policy and hereby consent to the taking of any and all samples required and I acknowledge that if I fail to cooperate with the testing procedure as instructed or if I test positive, I will not be approved for membership.

Applicant Signature

Date



**FLORENCE TOWNSHIP FIRE DISTRICT NO. 1
401 FIREHOUSE LANE
FLORENCE, N.J. 08518**

PHYSICAL FITNESS RELEASE & INDEMNIFICATION

WHEREAS, I, _____ am interested in membership as a firefighter &/or Emergency Medical Technician with the Florence Township Fire District #1, Burlington County, New Jersey (hereinafter referred to as "Fire District"); and,

WHEREAS, the Fire District requires its firefighters to perform certain tasks during an indoctrination period and thereafter which may include, but are not limited to, ascending ladders of heights up to 100 feet; handling a water charged hose line under pressures up to 225 psi; donning and doffing Self-Contained Breathing Apparatus (SCBA) with full personal protective clothing and equipment; bending and/or crawling in full personal protective clothing; carrying, moving or lifting heavy loads potentially in excess of 100 pounds including personal protective clothing and SCBA; and performing any or all of these tasks not always in a rigidly controlled environment; and,

WHEREAS, participation in these activities is not open to the public and notwithstanding the fact that safety precautions as recommended by the National Fire Protection Association as regulated by the New Jersey Public Employee Occupational Safety and Health Act will be adhered to, it is understood that these activities, because of their inherent risks, pose a risk of harm to me; and,

WHEREAS, I am seeking nonetheless to perform these activities in order to satisfy myself and the Fire District that I am sufficiently fit to perform the tasks of a firefighter; and,

WHEREAS, upon completion of my indoctrination period, I understand and accept that the conditions to which I may be subjected during the course of my regular duties will involve physically demanding activities, such as those listed above, being performed in harsh and extreme conditions and that I must remain physically and mentally fit throughout my membership with Florence Township Fire District #1 in order to best deal with these conditions and safely perform these tasks.

NOW, THEREFORE, it is agreed that in consideration of the permission granted to me to participate in this indoctrination training and perhaps continue through my training period to active firefighting, I hereby release and indemnify the Board of Fire Commissioners of Florence Township Fire District #1 and its officers from any liability for my failure to establish an appropriate level of fitness or to maintain my own physical fitness to carry out the duties of my firefighting assignment.

Applicant Signature

Date



FLORENCE TOWNSHIP FIRE DISTRICT NO. 1
401 FIREHOUSE LANE
FLORENCE, N.J. 08518

APPLICANT REFERENCE

APPLICANT NAME: _____

I hereby authorize the reference listed below to provide the requested background & personal information to the Florence Township Fire District No. 1. I acknowledge that the completed reference form is the property of the Florence Township Fire District No. 1 & I further waive any right to review this reference form.

APPLICANT SIGNATURE: _____

SIGNATURE OF PARENT/GUARDIAN (if under 18): _____

TO THE REFERENCE: The above named individual has applied for membership in the Florence Township Fire Department, and you have been given as a reference. References are required as part of the application, but your response is voluntary & completely confidential. If you choose to act as a reference, the information you provide may be relied upon by the District in determining whether to grant membership to the applicant. Please answer the following questions honestly and candidly as they apply to the applicant. After all, you or your family may have to call on the Fire Department for service and the applicant may be the one to respond. Where possible, it would be helpful if you could provide an example or anecdote to illustrate your comments. If you require more space to provide an adequate answer, please feel free to attach additional pages. If you would like, you may respond in a different format on a separate sheet of paper. If you choose that option, please return this form as well. **PLEASE RETURN THIS FORM DIRECTLY TO THE FIRE COMPANY AT THE ABOVE ADDRESS, ATTENTION MEMBERSHIP COMMITTEE.**

The Florence Twp. Fire Department is a volunteer organization that is supported by an administrative staff & provides fire & rescue services to the Township of Florence, as well as other areas of the community when requested. Members must be of good moral character, reliable, trustworthy, & able to perform as part of a team within a command structure during emergencies or during the course of normal business transactions.

REFERENCE NAME: _____ OCCUPATION: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

How long and in what capacity have you known the applicant? _____

How frequently do you have contact with the applicant? _____

Is your relationship: (circle all that apply) **BUSINESS / PERSONAL / ACADEMIC / SOCIAL?**

Do you know any other persons who are acquainted with the applicant? **YES / NO**

Would you have any reservations about entrusting the applicant with a sick/injured member of your immediate family? **YES / NO (explain if yes)** _____

PLEASE RATE THE APPLICANT ON THE FOLLOWING SCALE (1 BEING LOWEST) OR INDICATE NO OPINION

Trustworthiness	Uncomfortable leaving valuables around him/her	low.....avg.....high 1 2 3 4 5 6 7	Entrusted with keys to residence, use of vehicle	No opinion
Reliability	Always late; unable to finish tasks, keep appointments	low.....avg.....high 1 2 3 4 5 6 7	Finishes tasks; keeps appointments without fail	No opinion
Interpersonal Skills	Uncomfortable around all but a few friends; very shy	low.....avg.....high 1 2 3 4 5 6 7	At ease with most people, can communicate easily	No opinion
Ability to Maintain Confidential Information	Constantly spreading rumors; always gossiping	low.....avg.....high 1 2 3 4 5 6 7	Does not gossip; Can be trusted with personal information	No opinion
Ability to remain Calm in stressful Situations	Gets excited easily; is outwardly emotional	low.....avg.....high 1 2 3 4 5 6 7	Thrives under stress; able to act calmly when others panic	No opinion
Ability to receive Constructive Feedback	Has never been wrong; Gets agitated and hostile	low.....avg.....high 1 2 3 4 5 6 7	Continually seeks to improve; invites suggestions	No opinion

List two of the applicant's strengths: _____

Provide an example of the applicant acting as a leader: _____

List any other comments that you feel are pertinent (special skills, talents, or concerns)

REFERENCE SIGNATURE: _____

*THANK YOU FOR TAKING THE TIME TO HELP US EVALUATE THIS APPLICANT.
 YOUR CANDOR IS VERY MUCH APPRECIATED.*