

RARITAN FIRE DEPARTMENT

RELIEF HOSE CO. #2

611 No. Thompson St.
Raritan, NJ 08869

Phone: 908-707-8540
Fax: 908-707-1782

Application for Membership

Name:					Date of Birth
Home Address:			How long at this address? _____ Years		From: To:
Previous Address:			How long at this address? _____ Years		From: To:
Previous Address:			How long at this address? _____ Years		From: To:
Previous Address:			How long at this address? _____ Years		From: To:
Age:	Weight:	Height:	Eyes:	Social Security Number:	
Email Address:			Home Phone:		Cell Phone:
Employer:			Occupation:		
Driver's License Number:	State:		<input type="checkbox"/> New Jersey <input type="checkbox"/> Other: _____		
Do you have firefighting experience?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Explain:			
Time normally spent in Raritan:					
Sponsored By:					

I, the undersigned, declare that I am the applicant named herein, know the contents of this application, certify the contents to be true, and agree to all the provisions of the application and membership.

_____ Date

_____ Signature of Applicant

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Release Authorization

To all Courts, Probation Departments, Selective Service Boards, Physicians, Hospitals, Employers, Educational and other Institutions and Agencies, without exception:

I, (print name) _____, am making application to the Borough of Raritan for the position of Volunteer Firefighter. As a result, an investigation is being conducted to determine my eligibility.

Therefore, you are authorized to release to the Borough of Raritan or its representative(s) any and all information, documentary or otherwise, pertaining to me, that they request.

A photostatic copy of this authorization will be considered as effective and valid as the original.

Date: _____

Signature of Applicant: _____

Signature of Witness: _____

Print Name of Witness: _____