

# Denville Volunteer Fire Department

## Contact Information Form

This information will be extremely important in the event of an accident or medical emergency or need for emergency notification.

Name: \_\_\_\_\_  
                                Last                                MI                                First

Phone:  
Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_  
                                Street                                City                                State                                Zip Code

Date of Birth: \_\_\_\_\_

Primary Emergency Contact Name: \_\_\_\_\_  
  Last                                First

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

Phone:  
Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Work: \_\_\_\_\_

DENVILLE FIRE DEPARTMENT  
JUNIOR FIREMEN'S AUXILIARY

APPLICATION

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

RESIDENT OF DENVILLE FOR \_\_\_\_\_ YEARS,

CURRENTLY ATTENDING \_\_\_\_\_ HIGH SCHOOL.

Scholastic grade average for last marking period \_\_\_\_\_.

Do you have a current First Aid Card? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, what type \_\_\_\_\_ Expiration Date \_\_\_\_\_.

Briefly, describe your reason/s for joining the Denville Fire Department, Junior Firemen's Auxiliary:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Applicant \_\_\_\_\_

NOTE: Applicant must be between the ages of 16 and 18 years old. Application must be submitted with working papers and attached parental consent form completed.

# PHYSICAL TEST RECORD

TO BE FILLED OUT BY A PHYSICIAN LICENSED IN THE STATE OF N.J. AND RETURNED TO LOCAL RELIEF SECRETARY WHOSE ADDRESS IS LISTED BELOW. ALL SECTIONS OF THE PHYSICAL MUST BE PROPERLY FILLED OUT OR THE APPLICATION WILL BE RETURNED.

PLEASE PRINT

NAME \_\_\_\_\_ FIRST \_\_\_\_\_ INITIAL \_\_\_\_\_ LAST \_\_\_\_\_ SEX \_\_\_\_\_

AGE \_\_\_\_\_ HEIGHT \_\_\_\_\_ Ft. \_\_\_\_\_ In. WEIGHT \_\_\_\_\_ lbs. HEARING \_\_\_\_\_ BLOOD PRESSURE \_\_\_\_\_  
(NUMBERS PLEASE)

EYESIGHT LEFT \_\_\_\_\_ RIGHT \_\_\_\_\_ BOTH (CORRECTED) \_\_\_\_\_  
(NUMBERS PLEASE)

HAS APPLICANT ANY APPARENT DISABILITIES IN:

FACIAL \_\_\_\_\_

PULMONARY \_\_\_\_\_

CARDIO PULMONARY \_\_\_\_\_

VASCULAR \_\_\_\_\_

ABDOMEN \_\_\_\_\_

GENITOURINARY \_\_\_\_\_

MUSCULO-SKELETAL \_\_\_\_\_

OTHER \_\_\_\_\_

The applicant is free of any other, than listed above, medical or physical conditions that would cause harm to him/her or any other firefighter(s).  YES  No (If no please explain)

HAS APPLICANT EVER SUFFERED FROM INJURY?  YES  NO IF SO, WHEN? \_\_\_\_\_

DESCRIBE \_\_\_\_\_

REMARKS/OR REJECTION IS BASED ON:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I CERTIFY THAT AS A PRACTICING PHYSICIAN IN THE STATE OF NEW JERSEY, THE APPLICANT IS FREE FROM ANY ACUTE OR CHRONIC DISEASE AND HAS NO PHYSICAL DEFECTS THAT WOULD HINDER HIS/HER ABILITY TO PERFORM THE DUTIES OF A FIREFIGHTER.

DATE EXAMINED \_\_\_\_\_ EXAMINED AT \_\_\_\_\_ ADDRESS OF OFFICE \_\_\_\_\_

PHYSICIAN'S PHONE NUMBER \_\_\_\_\_

PRINT PHYSICIAN'S NAME \_\_\_\_\_

SIGNATURE OF PHYSICIAN \_\_\_\_\_

THE NEW JERSEY STATE FIREMEN'S ASSOCIATION RESERVES THE RIGHT TO HAVE THIS APPLICATION REVIEWED BY A MEDICAL DOCTOR OF ITS CHOICE, INCLUDING A NEW PHYSICAL EXAMINATION IF NECESSARY.

APPLICATION MUST BE RETURNED TO: \_\_\_\_\_

NAME

LOCAL RELIEF SECRETARY \_\_\_\_\_

ADDRESS

ZIP CODE

PARENTAL CONSENT

I, \_\_\_\_\_, do hereby grant  
(Parent or Guardian)

permission to my \_\_\_\_\_,  
(Son, Daughter, Ward)

\_\_\_\_\_, to join the Denville  
(Name)

Township Junior Fireman's Auxiliary and to participate in the  
activities of that Organization.

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

\_\_\_\_\_  
PARENT OR GUARDIAN

STATE OF NEW JERSEY:

COUNTY OF \_\_\_\_\_ : SS:

I certify that on \_\_\_\_\_, *do* \_\_\_\_\_,

\_\_\_\_\_, personally came before  
(Parent or Guardian)

me and acknowledged under oath, to my satisfaction, that this  
person (or if more than one, each person):

- (a) is name in and personally signed the attached consent form; and
- (b) signed, sealed and delivered this consent form as his or her act and deed.

\_\_\_\_\_  
SIGNATURE OF PERSON TAKING OATH

\_\_\_\_\_  
PRINT NAME AND TITLE BELOW SIGNATURE  
OF PERSON TAKING OATH