



Robbinsville Township Fire Department

1149 Route 130
Robbinsville, NJ 08691
Station: 609-259-7814
www.robbinsvillefire.org

Date Rec'd: _____

Complete: _____

Initials: _____

Application for Volunteer Duty Crew Membership

The Robbinsville Township Fire Department welcomes new volunteers. The department is staffed with career personnel at all times supplemented by volunteers who perform duty crews. Duty crew volunteers work and train with the career personnel during prescribed hours and do not respond from home.

Please complete and submit this official application form. The application shall be completed in full. We may wish to contact you by mail, telephone, and/or email. It is your responsibility to make sure contact information is correct and current.

Personal Information

Full Name: _____
(First Middle Last)

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Date of Birth: _____
(Required)

Are you a citizen of the United States? Yes No Are you at least 18 years old? Yes No

If No, How old are you? _____ Current Occupation: _____

How long have you been a Robbinsville Township Resident? _____

Driver's License Number: _____ State: _____ Class: _____

Has your driver's license ever been suspended and/or revoked? Yes No

If yes, please provide details and dates: _____

Have you ever been convicted of or have you ever pled guilty or not contest to any crime or offense other than a minor traffic citation in court? Yes No

If yes, please provide details, where, and what was the outcome? _____

Please list any special skills, your interests, hobbies: _____

In two to three sentences please tell us why you would like to become a duty crew member: _____

Emergency Contact Information

Name: _____ Relationship: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____

Education

Name of Last High School Attended: _____
City: _____ State: _____
Last Grade Completed: _____ Diploma Received? _____ Date of Graduation: _____
Name of College of University: _____
City: _____ State: _____
Credit or Degree(s) Earned? _____
Foreign Languages Spoken/Read? _____
Any other relevant training? _____

Employment

Current Employer: _____ Dates Employed: _____ to _____
Address: _____
City: _____ State: _____ Zip: _____
Contact Person: _____ Phone: _____
Email: _____

Previous Employer: _____ Dates Employed: _____ to _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Phone: _____

Email: _____

Previous Employer: _____ Dates Employed: _____ to _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Phone: _____

Email: _____

Fire/Rescue/EMS Experience

Have you ever applied to another fire/rescue/EMS department/squad? Yes No

If yes, please list the department(s) which you have applied to, the date applied, and the outcome: _____

Have you ever served in another fire/rescue/EMS department/squad? Yes No

If yes, please answer below.

Department: _____ Dates of Service: _____ to _____

Address: _____

City: _____ State: _____ Zip: _____

Chief's Name: _____ Phone: _____

Email: _____ Highest rank held: _____

(Required)

Reason why you left? _____

(Required)

Fire/Rescue courses taken: _____

Fire/Rescue vehicles authorized to operate: _____

References

Please list three character references who you have known for at least three years. References cannot be employers and cannot be related to you. Please provide all information asked for and print clearly and neatly. **All references will be contacted during the background investigation.**

Name: _____ Years Known: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Email: _____
(Required)

Name: _____ Years Known: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Email: _____
(Required)

Name: _____ Years Known: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Email: _____
(Required)

Important Facts to Consider

Time Commitment:

Volunteering with the Robbinsville Township Fire Department requires a significant time commitment on the applicant's part. Station duty crew time requirements consist of a minimum of 12 hours per month and 24 drill/training sessions per year (which will be completed during duty crew hours). In addition, online training is required to be completed quarterly. Fire academy training to obtain required certifications and additional station training will add to these hours. Meeting such time requirements needs a significant commitment on the part of the applicant and their family/significant others. Those who consistently do not meet the stated requirements will be removed. We strongly encourage that the applicant think about the time commitment in terms of their families, significant other(s), and other obligations to ensure that they have the necessary support and understanding.

Perspective Applicants Must:

1. Reside within Robbinsville Township at the time of application.
2. Be 18 years of age.
3. Successfully complete a background investigation.
4. Successfully complete a department physical examination/drug screening and demonstrate physical fitness.



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Certification and Authorization

I hereby certify that the statements contained herein are true and correct to the best of my knowledge. I understand that should the investigation disclose material misrepresentation, omissions, and/or falsifications, my application may be rejected. My signature on this application indicates I have read the requirements of a volunteer duty crew firefighter and I understand that the job of a firefighter is physically challenging. I further understand that my membership is dependent upon successful completion of a physical examination to be conducted by the Robbinsville Township Occupational Health provider and a favorable background investigation to be conducted by the Robbinsville Township Police Department.

This is to certify that I, _____ (Full name) do hereby authorize the release of any and all information to the Robbinsville Township Fire Department that they may request, from any of my records or files. Such information may include, but will not be limited to: military records, volunteer records, employment records, education records, criminal records, and transcripts, etc. I also release all persons from any and all liability, which could result from furnishing said information to the Robbinsville Township Fire Department or an agent of the Robbinsville Township Fire Department.

Further, I authorize the Robbinsville Township Fire Department to copy or otherwise reproduce this original document and let such copied or otherwise reproduced copy act as the original document. The original document is to be retained on file with the Robbinsville Township Fire Department and this authorization to release information shall expire from one (1) year of the date signed by me.

Further, I authorize the investigation of all statements contained herein, and direct the custodian of any of the records relevant to the confirmation of these to release such information necessary for verification. I further understand that the information obtained by the Robbinsville Township Fire Department during the application process will not be revealed to me should my application be rejected.

I have read, or have had read to me the statements above and my signature below agrees to these statements above.

Signature of Applicant: _____ Date: _____

Print Name: _____