

***Atlantic Highlands Fire Department
10 East Highland Avenue
Atlantic Highlands, New Jersey 07716
(732) 291-2002***

Serving the Community for Over One-Hundred and Twenty Five Years

Dear Applicant:

On behalf of the men and women of the Atlantic Highlands Fire Department, We would like to take this opportunity to thank you for picking up a membership application packet and showing an interest in joining a great organization that provides a very vital service to the residents of Atlantic Highlands.

Our history of over one-hundred and twenty five years has shown that the experience, friendships and the self-satisfaction that you will receive and develop over the time you are a member will be invaluable and an experience that you will never forget. We have members that have belonged to the Fire Department for just over a few months to well over fifty years.

We would ask that you fill out the attached applications in their entirety. Please make sure to answer each question completely. The applications need to be signed by you in the presence of a Notary Public who will authenticate your signature and appropriately seal the applications.

The applications may be dropped off at Atlantic Highlands Borough Hall, 100 First Avenue, Atlantic Highlands, New Jersey or you may come to the Atlantic Highlands Fire Department monthly meeting which is held on the second Monday of each month at the Emergency Services Building beginning at 7:00 p.m.

If you have any questions or would like to talk to someone regarding the membership application, please feel free to call the Fire Chief's Office at 732-291-2002. Since we are a volunteer organization, if no one answers the telephone, we would ask that you leave your name and telephone number and someone will get back to you.

We look forward to reviewing your membership application packet and welcoming you to the Atlantic Highlands Fire Department.

Sincerely,
Atlantic Highlands Fire Department
Membership Committee

*Atlantic Highlands Fire Department
10 East Highland Avenue
Atlantic Highlands, New Jersey 07716
(732) 291-2002*

MEMBERSHIP APPLICATION

FULL NAME: _____

STREET ADDRESS: _____

TOWN: _____ STATE: _____ ZIP CODE: _____

HOME PHONE NUMBER: (____) _____ - _____ FAX NUMBER: (____) _____ - _____

DATE OF BIRTH: _____ SS #: _____

DRIVERS LICENSE NUMBER: _____ STATE: _____

EMPLOYER: _____

OCCUPATION: _____ PHONE #: _____

COMPANY MEMBERSHIP APPLIED FOR; Circle Appropriate Company

Hose Company #1 Hose Company #2 Hook and Ladder Company #1 Squad One Juniors

**ANSWER THE FOLLOWING QUESTIONS TO THE BEST OF YOUR
ABILITY AND EXPLAIN EACH IF NECESSARY:**

1. Have you ever been arrested ? Yes / No (If yes, please explain with dates)

2. Have you ever been convicted of New Jersey State Statue 2C:17-1; *Aggravated Arson, or Arson or Failure to control or report dangerous fire or directly or indirectly pay or accept any form of consideration for the purpose of starting a fire or explosion* ? Yes / No
(If yes, please explain)

3. Have you ever been convicted of New Jersey State Statue 2C:33-3; False Public Alarm ?
Yes / No (If yes, please explain)

4. Have you ever been convicted (or found guilty) of a crime or a disorderly persons violation ? Yes / No (If yes, please explain)

5. Have you ever been rejected membership by any other Fire Department or Rescue Squad ? Yes / No (If yes, please explain)

I acknowledge that consideration for membership is contingent on the results of a background check, the taking and submission of my fingerprints to the state and federal databases and that I may be required to submit to a drug screen. Therefore, I authorize the Atlantic Highlands Fire Department and/or the Atlantic Highlands Police Department to (1) Investigate the truthfulness of all statements made on this application; (2) Contact any person(s) that can verify information (3) Discuss the results of any investigation with other members of the Atlantic Highlands Fire and Police Departments and (4) Receive the results of the drug screen that will be evaluated by the Atlantic Highlands Fire Department and/or Police Department for membership purposes only.

(Signature of applicant and date)

WHOM IT MAY CONCERN: I am an applicant for membership with the Atlantic Highlands Fire Department. The Atlantic Highlands Fire and/or Police Department needs to thoroughly investigate my background for membership. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the Atlantic Highlands Fire and Police Departments. I hereby authorize any representative from the Atlantic Highlands Fire and/or Police Department bearing this release to obtain any and all information pertaining to me. The intent of this authorization is to provide full and free access to the background history check. I consent to your release of any and all public and private information that you may have concerning me, including my work record, my background, criminal history check including all arrest records and investigatory files. I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records and I waive those rights with the understanding that the information obtained will be used by the Atlantic Highlands Fire and/or Police Department in conjunction with membership to the Atlantic Highlands Fire Department.

I hereby release you, your organization and ALL others, including but not limited to the members and officers of the Atlantic Highlands Fire and Police Departments, from liability or damages that may result from furnishing the information. I agree to indemnify and hold harmless the person to whom this request is presented to and the person presenting this request.

Sworn and subscribed to
before me this ____ day of
_____, _____

Signature

Date

Print Name

**BOROUGH OF ATLANTIC HIGHLANDS
NJPEOSHA BLOODBORNE PATHOGENS
HEPATITIS B VACCINE RECORD**

One section must be completed by all employees exposed or potentially exposed to bloodborne pathogens as defined in the borough of Atlantic Highlands bloodborne pathogens exposure plan.

PRINT ALL INFORMATION EXCEPT WHERE SIGNATURE IS REQUIRED

CONSENT FORM

EMPLOYER: _____ DEPARTMENT: _____
I have read or have had explained to me the information sheet about hepatitis B and hepatitis B vaccine. I have had a chance to ask questions that were answered to my satisfaction. I believe I understand the benefits & risks of the hepatitis B vaccine and request that it be given to me or to the person named below for whom I am authorized to make this request.

LAST NAME	FIRST NAME	MI.	D.O.B.	AGE	CLINIC I.D.
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ADDRESS	CITY	STATE	ZIP
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DATE VACCINATED	MANUFACTURER LOT #
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SIGNATURE OF PERSON RECEIVING VACCINE OR PERSON AUTHORIZED TO MAKE REQUEST	DATE	SITE OF INJECTION
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HEPATITIS B VACCINE DECLINATION

I UNDERSTAND THAT DUE SOME OCCUPATIONAL EXPOSURE TO BLOOD OR OTHER POTENTIALLY INFECTIOUS MATERIALS, I MAY BE AT RISK OF ACQUIRING HEPATITIS B VIRUS (HBV) INFECTION. I HAVE BEEN GIVEN THE OPPORTUNITY TO BE VACCINATED WITH THE HEPATITIS B VACCINE, AT NO CHARGE TO MYSELF. HOWEVER, I DECLINE HEPATITIS B VACCINATION AT THIS TIME. I UNDERSTAND THAT BY DECLINING THIS VACCINE I CONTINUE TO BE AT RISK OF ACQUIRING HEPATITIS B, A SERIOUS DISEASE. IF IN THE FUTURE I CONTINUE TO HAVE OCCUPATIONAL EXPOSURE TO BLOOD OR OTHER POTENTIALLY INFECTIOUS MATERIAL AND I WANT TO BE VACCINATED WITH THE HEPATITIS B VACCINE, I CAN RECEIVE THE VACCINATION SERIES AT NO CHARGE TO ME.

NAME (PRINT)	SIGNATURE	DATE
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WITNESS (PRINT)	SIGNATURE	DATE
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PREVIOUS HEPATITIS B VACCINATION

I DECLINE HEPATITIS B VACCINATION AT THIS TIME BECAUSE I WAS PREVIOUSLY VACCINATED.

NAME (PRINT)	SIGNATURE	DATE
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DATES OF VACCINATIONS: 1. _____ 2. _____ 3. _____