



**Maple Shade Fire Department  
Application for Membership**

MSFD Form 1 (1/2024)

|                           |  |
|---------------------------|--|
| <b>Date released</b>      |  |
| <b>Officer initial</b>    |  |
| <b>Application Number</b> |  |

**Membership Application Procedure**

1. Applicants to the Maple Shade Fire Department must meet the following qualifications as of the date of having an application released for completion:
  - a. Be at least eighteen (18) years of age and completed High School/GED.
  - b. Be a United States citizen.
2. Applicants affiliated with another fire department may apply for Associate Membership, and
  - a. Must have a letter of recommendation, on fire department letterhead, signed by the Fire Chief of the department making said recommendation.
3. All applicants must submit the following documentation through the U.S. Mail, to include:

**HAND DELIVERED APPLICATIONS WILL ONLY BE ACCEPTED AT THE TOWNSHIP MANAGER'S OFFICE**

  - a. Completed Membership Application; and
  - b. Copy of driving record/abstract from State of New Jersey MV Commission; and
  - c. Completed and signed authorization/release form; and
  - d. Fire service training records (if applicable); and
  - e. Certification of completion of criminal history check and fingerprinting process; and
  - f. Fire Explorer membership parental consent form (if applicable); and

**Mail completed application package to:**

Maple Shade Fire Department  
Attn: Membership Review Board  
200 Stiles Avenue  
Maple Shade, NJ 08052

**HAND DELIVERED APPLICATIONS WILL ONLY BE ACCEPTED AT THE TOWNSHIP MANAGER'S OFFICE**

4. The review of your completed application for membership shall be maintained as a confidential process from start through completion. Recommendations for approval denial of membership will be at the discretion of the Membership Review Board, who will base each application on an individual basis.
5. The applicant, at the discretion of the Membership Review Board, will be notified of the date, time and place of the respective interview.

### **Membership Application Procedure-Continued**

6. During the interview process, the Membership Review Board will advise the applicant of ALL Probationary Membership requirements that shall be complied with.
7. The applicant shall comply with all date/submission requirements of this application to be considered for an interview and approval of membership. Failure to complete any of the application, forms, date/submission requirements will constitute termination of the application

The Maple Shade Fire Department is an equal opportunity organization, acting in compliance with the personnel policies and procedures of the Maple Shade Township. The Maple Shade Fire Department offers membership to all applicants regardless of race, color, religion, sex, age, orientation or national origin. The Maple Shade Fire Department does not discriminate against physically or mentally disabled persons capable of performing the material duties of administrative, fire suppression and/or other emergency duties and preparatory efforts as required by all members/employees of the Maple Shade Fire Department.

The Maple Shade Fire Department, in accordance with the personnel policies and procedures of Maple Shade Township, is committed to providing a drug free environment for the protection of our members/employees and the community that we serve. The Maple Shade Fire Department reserves the right to require admission, incident based and random drug screening tests without advance notice.

Complete this form



## Authorization to Release Information

I certify that the statements and answers that I have provided in this application are true and accurate to the best of my knowledge. I have not knowingly provided incorrect information or withheld information that would misrepresent facts.

I further understand and agree that any false statements and/or information made by me may be considered as sufficient reason for denial of this application, or may result in my dismissal if in fact my membership is initially approved and I am appointed to a probationary position.

I hereby authorize the release of any information regarding employment, military, medical, state and/or local police records to the Maple Shade Fire Department to investigate the information contained herein.

I further agree to submit to a physical examination and to be tested, as part of that examination, for drug, alcohol and infectious disease.

I further waive any right to privacy I may have in connection with the information requested in this application and release the Maple Shade Fire Department and the Maple Shade Township from any claim or liability, arising from the receipt and use of such information.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness (FD Use) \_\_\_\_\_

\_\_\_\_\_  
***Do not write below this line***

ACCEPT \_\_\_\_\_ REJECT \_\_\_\_\_ Date \_\_\_\_\_

Comments

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

Membership Coordinator \_\_\_\_\_

Fire Chief \_\_\_\_\_

Fire Administrator \_\_\_\_\_

Complete this form



## Authorization to Release Information



Maple Shade Township Fire Department  
200 Stiles Avenue  
Maple Shade, NJ 08052

Date \_\_\_\_\_

To \_\_\_\_\_ Re \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

You are hereby authorized to disclose, make available and furnish to the Maple Shade Fire Department, 200 Stiles Avenue Maple Shade, NJ 08052 all information, records, x-rays, reports or copies of records relating to my treatment, examination, consultation, or confinement and to permit the department physician/medical provider to inspect and reproduce abstracts thereof. You are also authorized to send any psychiatric, drug and/or alcohol information if applicable.

Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Signature \_\_\_\_\_

## **Maple Shade Fire Department**

### **NEW APPLICANTS ARE REQUIRED TO SUPPLY A CRIMINAL HISTORY REPORT AND DRIVING RECORD**

All fees associated with this process are the responsibility of the applicant. Once you are successfully appointed, the criminal history and driving record report costs will be refunded.

#### **PROCEDURE TO OBTAIN A CRIMINAL HISTORY/DRIVING RECORD REPORT**

1. Once you comply with the time sensitive submission period of the application you will be emailed a web link from the Membership Coordinator.
2. The web link must be accessed by you within a specific time period to complete the criminal history/driving record background inquiry.
3. You must enter all required fields of information to complete this inquiry in full.
4. You must complete this process within the time period specified, once you receive the web link to access the on-line, self-pay portal.
5. All records will automatically be submitted to the department. There is no additional action required on your behalf, unless otherwise advised.
6. Once the criminal history/driving record inquiry is received and reviewed, you will be notified of the next step in the membership process.

Complete this form



## Maple Shade Fire Department

|  |               |                               |                 |        |
|--|---------------|-------------------------------|-----------------|--------|
| <b>Type or print in BLUE ink</b>   |               | Social Security Number        |                 | Date   |
| Name-Last  |               | First                         |                 | Middle |
| Current Address  | City          | State                         | Zip Code        |        |
| Previous Address 1   | City          | State                         | Zip Code        |        |
| Previous Address 2   | City          | State                         | Zip Code        |        |
| Previous Address 3   | City          | State                         | Zip Code        |        |
| Are you a US Citizen<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   | Date of Birth |                               | Place of Birth  |        |
| Home Phone   | Mobile Phone  |                               | Email           |        |
| DL-State   | DL Number     | Class                         | Expiration Date |        |
| Have you ever had a traffic offense, other than a parking violation, in the past five (5) years?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |               |                               |                 |        |
| Has your drivers license ever been revoked, or suspended?<br>Yes <input type="checkbox"/> No <input type="checkbox"/>  |               |                               |                 |        |
| If you answered "Yes" to either question above, please explain in detail<br>_____<br>_____   |               |                               |                 |        |
| Have you ever been convicted of a felony, or misdemeanor?<br>Yes <input type="checkbox"/> No <input type="checkbox"/>  |               |                               |                 |        |
| Are you a registered sex offender?<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   |               |                               |                 |        |
| If you answered "Yes" to either question above, please explain in detail (dates, locations)<br>_____<br>_____  |               |                               |                 |        |
| Membership desired by applicant<br>Volunteer A (Township Resident) <input type="checkbox"/> Volunteer B (Non-Resident) <input type="checkbox"/>              |               |                               |                 |        |
| Are you an active Firefighter in another fire department<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   |               |                               |                 |        |
| If "Yes" what department: _____ Name of Chief _____  |               |                               |                 |        |
| NJ FF ID Number (if applicable)  |               | NJ EMT Number (if applicable) |                 |        |

Complete this form



## Maple Shade Fire Department

| Employment ( Begin with most recent/current employment) |          |                      |   |          |
|---|----------|----------------------|---|----------|
| Company Name  |          |                      | May we contact?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |          |
| Address   |          | City                 | State   | Zip Code |
| Start Date  | End Date | Position Held        |   |          |
| Business Phone  |          | Immediate Supervisor |   |          |

|                |          |                      |   |          |
|----------------|----------|----------------------|---|----------|
| Company Name   |          |                      | May we contact?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |          |
| Address        |          | City                 | State   | Zip Code |
| Start Date     | End Date | Position Held        |   |          |
| Business Phone |          | Immediate Supervisor |   |          |

|                |          |                      |   |          |
|----------------|----------|----------------------|---|----------|
| Company Name   |          |                      | May we contact?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |          |
| Address        |          | City                 | State   | Zip Code |
| Start Date     | End Date | Position Held        |   |          |
| Business Phone |          | Immediate Supervisor |   |          |

|                |          |                      |   |          |
|----------------|----------|----------------------|---|----------|
| Company Name   |          |                      | May we contact?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |          |
| Address        |          | City                 | State   | Zip Code |
| Start Date     | End Date | Position Held        |   |          |
| Business Phone |          | Immediate Supervisor |   |          |



# Maple Shade Fire Department

| Education    | Dates |    | Graduated                    | Course of Study |
|--------------|-------|----|------------------------------|-----------------|
|              | From  | To |                              |                 |
| High School  |       |    | Yes <input type="checkbox"/> |                 |
| Address      |       |    | No <input type="checkbox"/>  |                 |
|              |       |    | GED <input type="checkbox"/> |                 |
| Other School | Dates |    | Graduated                    | Course of Study |
| Address      | From  | To |                              |                 |
|              |       |    | Yes <input type="checkbox"/> |                 |
|              |       |    | No <input type="checkbox"/>  |                 |
|              |       |    | GED <input type="checkbox"/> |                 |

| Military Service | Dates |    | Discharge Type | Type |
|------------------|-------|----|----------------|------|
|                  | From  | To |                |      |
| Branch           |       |    |                |      |
| Rank             |       |    |                |      |

| Fire Service Experience | Dates |    | Highest Rank | Reason for Leaving |
|-------------------------|-------|----|--------------|--------------------|
|                         | From  | To |              |                    |
| Department              |       |    |              |                    |
| Rank                    |       |    |              |                    |

| Fire Service Experience | Dates |    | Highest Rank | Reason for Leaving |
|-------------------------|-------|----|--------------|--------------------|
|                         | From  | To |              |                    |
| Department              |       |    |              |                    |
| Rank                    |       |    |              |                    |

| Fire Service, EMS Training and Certifications (please list and provide copies) |
|--|
|  |



Complete this form



## Maple Shade Fire Department

### References (provide three, do not list relatives or employers)

|              |               |              |                |
|--------------|---------------|--------------|----------------|
| Name         |               | Relationship |                |
| Address      |               | City         | State Zip Code |
| Phone Number | Email Address | Years Known  |                |

|              |               |              |                |
|--------------|---------------|--------------|----------------|
| Name         |               | Relationship |                |
| Address      |               | City         | State Zip Code |
| Phone Number | Email Address | Years Known  |                |

|              |               |              |                |
|--------------|---------------|--------------|----------------|
| Name         |               | Relationship |                |
| Address      |               | City         | State Zip Code |
| Phone Number | Email Address | Years Known  |                |

### Professional Achievements, Community Involvement

(Please list professional achievements, community involvement, honors, hobbies and interests)

|       |
|-------|
| _____ |
| _____ |
| _____ |
| _____ |
| _____ |
| _____ |

### Why do you wish to become a member of the Maple Shade Fire Department?

|       |
|-------|
| _____ |
| _____ |
| _____ |
| _____ |
| _____ |
| _____ |

Complete this form



**Maple Shade Fire Department**

|                                 |  |              |                |
|---------------------------------|--|--------------|----------------|
| Emergency Contact Information 1 |  |              |                |
| Name                            |  | Relationship |                |
| Address                         |  | City         | State Zip Code |
| Home Phone                      |  | Mobile Phone |                |

|                                 |  |              |                |
|---------------------------------|--|--------------|----------------|
| Emergency Contact Information 2 |  |              |                |
| Name                            |  | Relationship |                |
| Address                         |  | City         | State Zip Code |
| Home Phone                      |  | Mobile Phone |                |

**Maple Shade Fire Department**  
Membership Application Administrative Guide

|                           |  |   |
|---------------------------|--|---|
| <b>Application Number</b> |  | <b>Advised No Hand Delivery</b><br>Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <b>Date Released</b>      |  |   |
| <b>Released By (Name)</b> |  |   |

|                               |  |
|-------------------------------|--|
| <b>Applicant Name</b>         |  |
| <b>Drivers Licencse Copy?</b> | Yes <input type="checkbox"/> No <input type="checkbox"/> |

|  |
|--|
| <b>Membership desired by applicant</b><br>Volunteer A (Township Resident) <input type="checkbox"/> Volunteer B (Non-Resident) <input type="checkbox"/> |
|--|

|   |            |
|---|------------|
| <b>Volunteer B (Non-Resident) ONLY</b>  |            |
| Department Name   | Chief Name |
| Advised of required documentation noted on page 1, Number 2<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |            |

|   |  |
|---|--|
| Date application received at Administration | Completed Application?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |
|---|--|

**Process**

|   | Date | Notes |
|---|------|-------|
| Worknet release issued                  |      |       |
| Worknet physical scheduled              |      |       |
| Membership Committee review             |      |       |
| Eligibility approval date               |      |       |
| New Member package issue date           |      |       |
| New Member mentor assigned              |      |       |
| PPE issued                              |      |       |
| Personnel profile, database activated   |      |       |
| Relief Association application complete |      |       |
| Station assignment                      |      |       |
| Class B uniform assignment              |      |       |
| Radio pager assignment                  |      |       |
| Key fob assignment                      |      |       |
| Recruit school assignment date          |      |       |
| New Member package completion date      |      |       |
| Identification number issued            |      |       |