

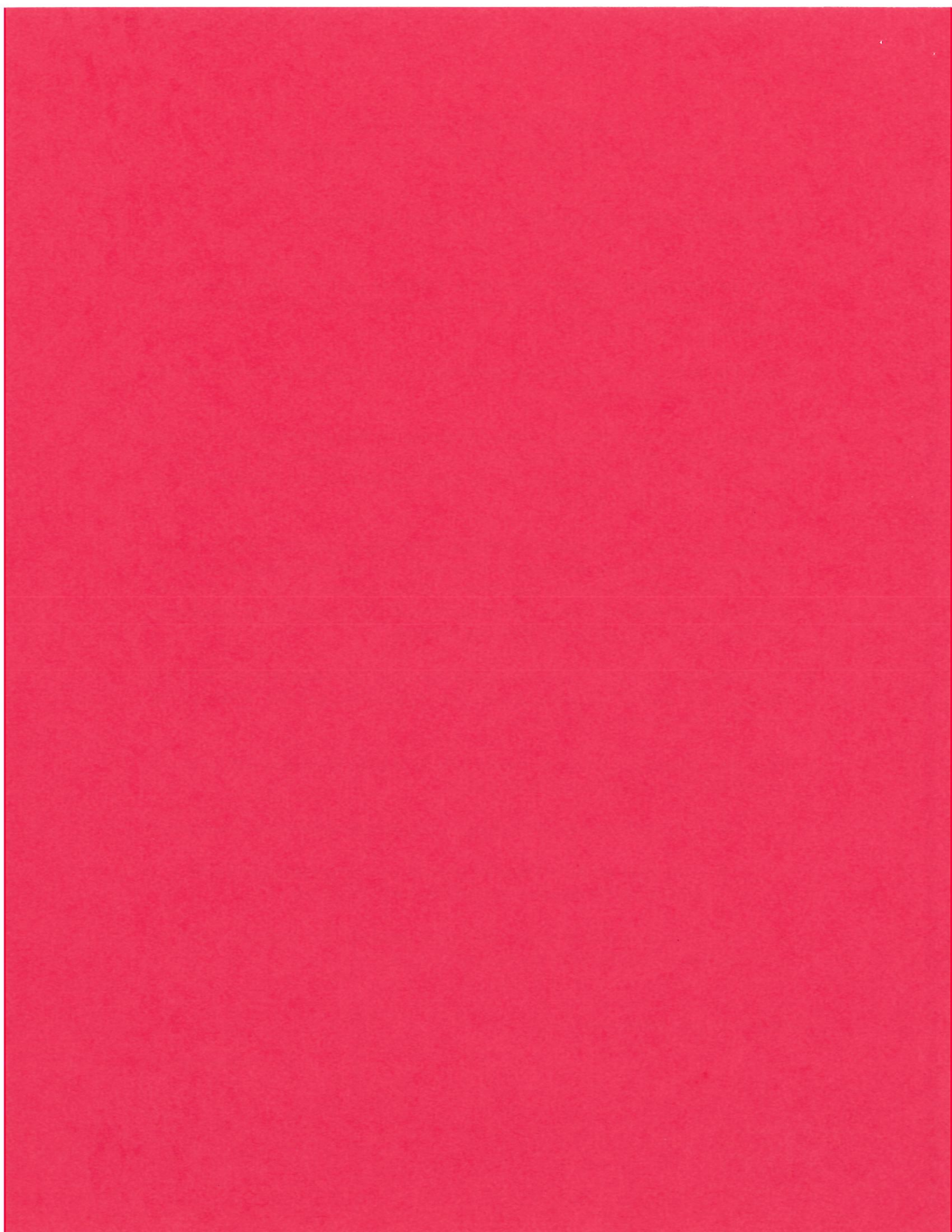
TOWNSHIP OF HAMILTON
Instructions for submitting Volunteer Applications

Please follow this procedure when submitting volunteer applications:

- Have the prospective member complete a Volunteer Packet which includes: a *Volunteer Application*, *Driving Abstract Authorization*, and a *Fingerprint and Background Check Consent Form*.
- **The Chief must sign the *Volunteer Application*** at the appropriate signature line for the application to be accepted.
- *Volunteer Application*, *Driving Abstract Authorization*, *Fingerprint and Background Check Consent Form* must be submitted to Human Resources for the approval process to begin. These documents can be hand delivered Monday – Friday between the hours of 8:30 a.m. – 4:30 p.m.
- Human Resources will coordinate with the Township’s contracted health service provider and schedule the applicant for a physical. The applicant must contact HR if they cannot keep their scheduled appointment. If the applicant is a no call - no show, it is their responsibility to contact HR and reschedule. No Department or prospective member is authorized to schedule their own physicals.
- The following paperwork must accompany the applicant when they go for their physical: NJ State Firefighters Association Application and the Township of Hamilton Comprehensive Physical Form.
- Once their physical is complete, results will be mailed to Human Resources for inclusion in their volunteer application packet:
 - ❖ If the applicant passed the physical, the application process will continue;
 - ❖ If the applicant did not pass the physical, the appropriate Chief will be notified and the membership application will be denied.
- When all reports and/or results have been received, the application will be forwarded to the Chief of Police for consideration.

Thank you for your cooperation.

revised 11/12/2015





TOWNSHIP OF HAMILTON POLICE DEPARTMENT



Gregory K. Ciambrone
CHIEF OF POLICE

6101 THIRTEENTH STREET
SUITE 220
MAYS LANDING, NEW JERSEY 08330

POLICE: 609-625-2700
ADM / RECORDS: 609-625-2211
FAX: 609-625-5903
E-MAIL: gciambrone@townshipofhamilton.com

Prospective Volunteer Firefighter:

The Township of Hamilton has four (4) fire departments which proudly serve our community:

- 18-1 Mays Landing
- 18-3 Laureldale
- 18-4 Weymouth
- 18-5 Cologne

Each department is staffed by volunteers who provide fire services 24 hours a day.

If you are interested in becoming a member of our team, it is important for you to understand that being a volunteer firefighter is a commitment — a commitment of time and energy. What you put into the department is what you will take with you. Becoming a member of our team also means that you will be representing the Township of Hamilton. Your conduct is expected to be professional and courteous at all times.

Although our primary mission is the protection of lives and property, responding to emergencies is only part of our responsibilities. Our fire stations and equipment need to be cleaned and maintained, we need to keep our skills sharp by training, and we need to educate our community in fire prevention. To accomplish most of these tasks, each department meets weekly for meetings, training, fund raisers, or work details.

Members are expected to maintain the required percentage for company activities per company by-laws. Obviously, your family and work commitments come first. Keep in mind that making this percentage is not difficult if you truly make an effort — there is almost always something that you can get involved in each day depending upon your availability.

Requirements for Membership

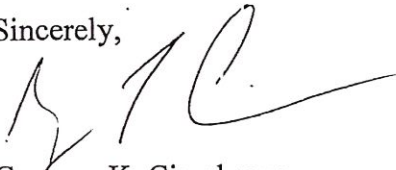
1. Applicants must be at least 18 years of age and a U.S. citizen or legal resident.
2. Because our job requires efficient communication for safety reasons, applicants must be able to speak and understand the English language.
3. Applicants should reside or work in the Township.
4. The job of a volunteer firefighter is a position of trust. We frequently enter private homes and businesses and also interact with citizens of all age groups. We work closely with local and State on crime scenes and other emergencies. All of these reasons make it necessary that our applicants submit to a criminal background check. If you have been convicted of a

serious crime, you may not be eligible for membership. Convictions for lesser offenses will not necessarily disqualify you for membership but will be dealt with at the option of the Chief of Police and the appropriate fire company.

5. Our job often requires strenuous activities in extreme conditions. Because of this, all applicants must submit to a physical examination by the Township's physician. Physical limitations will not necessarily disqualify you for membership but will be dealt with at the option of the Chief of Police and the appropriate fire company based on the needs of the company.
6. Teamwork is essential in our organization. Because of this we check the references you list on your application. We are particularly interested in speaking to co-workers from your place of employment or with others from volunteer emergency service organizations where you previously held membership.

Fully completed applications should be returned to the Office of Human Resources. If you have any questions, please don't hesitate to contact your local fire department or the Office of Human Resources at (609) 625-1511, ext. 453.

Sincerely,



Gregory K. Ciambrone
Chief of Police

GKC:mtk

encl.

VOLUNTEER APPLICATION

<input type="checkbox"/> New Application
<input type="checkbox"/> Transfer Request

Township of Hamilton
Office of Human Resources
6101 Thirteenth St., Mays Landing, NJ 08330
(609) 625-1511, ext. 453

Station: Mays Landing (18-1) Laureldale (18-3)
 Weymouth (18-4) Cologne (18-5)

PLEASE PRINT CLEARLY

Full Name: _____
Last Name First Name Middle Initial

Address: _____
Number & Street City Zip Code

Home Phone #: _____ Cell Phone #: _____

Date of Birth: _____ Social Security #: _____

Valid NJ Drivers License? Yes No Driver's License #: _____

Employer: _____ Occupation: _____ Phone #: _____

Emergency Contact: _____ Relation: _____ Phone #: _____

Have you ever been convicted of a crime? Yes No

If yes, explain: _____

Have you ever applied to volunteer with the Township before? Yes No

If yes, where/when: _____

Have you ever been refused membership to any Fire or Rescue Organization? Yes No

If yes, explain: _____

Has your membership in any Fire or Rescue Organization ever been suspended or revoked? Yes No

If yes, explain: _____

List the names of three (3) character references that you are not related to.

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Name: _____ Phone #: _____

CERTIFICATION

Read Carefully

I certify that I have answered all questions truthfully and in good faith. I will submit to a physical examination, drug screening, criminal background check, and other evaluations as required by the State of New Jersey. If accepted into membership, I agree to comply with the by-laws, the Standard Operating Procedures/Guidelines of the fire company and the ordinances and rules/regulations as established by the Township of Hamilton.

Any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration, or (ii) may result in my immediate discharge from volunteer service whenever it is discovered.

I agree to complete all required training and to actively participate in fire company activities (meetings, drills, work details, fundraising, etc.) to the best of my ability.

Signature: _____

Date: _____

FOR TOWNSHIP OF HAMILTON USE ONLY

Fire Chief's Recommendation for Approval: _____
(signature required)

Date: _____

Photocopies provided by prospective member:

NJ Driver's License

First Aid / CPR cards as applicable

Checks to be completed:

Driving Abstract Date: _____

Background Check Date: _____

References Date: _____

Physical Scheduled:

Date/Time _____ Pass Fail

Membership Approved:

Yes

No

Signature (Chief of Police)

Date

TOWNSHIP OF HAMILTON

Emergency Services

Consent to Check Motor Vehicle Driver's License Status & History

I, _____ provide consent to the Township of Hamilton to conduct annual Motor Vehicle Record checks through the New Jersey Customer Abstract Information Retrieval Program (CAIR) as permitted by N.J.S.A. 39:2-3.4(c).

I understand the Township of Hamilton will use this information for volunteer service purposes only and not furnish this information to a third-party without my written consent.

Further, I agree to immediately report to my station Chief, if my license is suspended, revoked, or cancelled, or if diagnosed with any disqualifying physical condition, or take medication (prescription or over-the-counter) which may affect my ability to drive a vehicle.

(Please Print)

Date

Township of Hamilton
Office of Human Resources
6101 Thirteenth Street
Mays Landing, New Jersey 08330



*New Jersey's Largest
Municipality*

**FINGERPRINT AND BACKGROUND CHECK
CONSENT FORM FOR VOLUNTEERS**

In accordance with Township of Hamilton policy, I understand that, as a condition of volunteer service, the Township of Hamilton requires a background check.

By signing this form, I agree to be fingerprinted and consent to a criminal background record check as a condition of volunteer service. I also represent, attest, and certify that I have never been convicted of any crimes or disorderly persons offenses as defined by New Jersey law or the law of any other state, or that the guilty disposition of any crimes and/or offenses has been amended to a status of not guilty, or that any previous charges have been expunged.

I further understand that should a conviction be revealed, I have the right to an appeal as defined in the Township's Background Check policy.

Name: _____
(Please Print)

Signature: _____

Date: _____

Witness: _____

